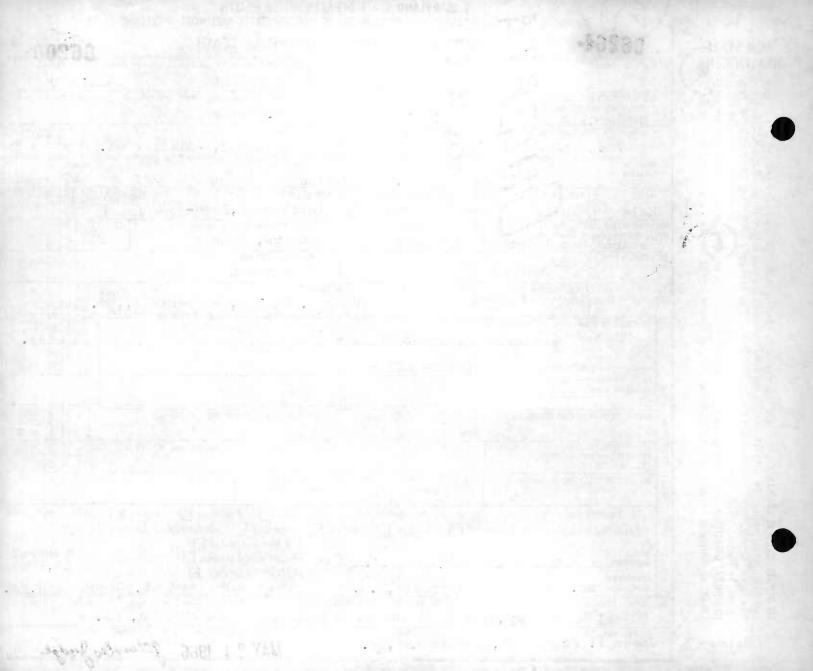
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE-HEALTH DEPL 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Page Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Cumberland years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, Memorial Hospital Route 2, Williams Rd. YES NO X ate 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED May 19 within Clyde A. Ballou (Type or print) DEATH October 17,1888-77 IF UNDER 24 HRS. S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months White WIDOWED Male 24 haurs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY Auburn, Kansas Railroad Retired Machinist d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Unknown Unknown and 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service removal John E. Ballou, Cumberland, Md. Son no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH Gunshot of Head 0 IMMEDIATE CAUSE (o)_ This certificate shauld e, writing the ward farwarded ta the Cl crematian, DUE TO (Self-Inflicted) Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO T please execute the certificate. its designated agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour a.m. While Nat While factory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 1 Inquiry 1 and in my apinion Accident . Suicide X. Hamicide death resulted fram: Natural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE May 19.1966 O DEPUTY 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt. 9Cumberland. Md. Dr. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION. Burlal Burlal Hillcrest Burial Cumberland, Md. May 22,1966 Park 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. VR A15ME (5)



		06205	CERTIFICATE	OF DEATH	06201
hours after death in by the funerol rs. Pages 1 and 2 hours after death		PLACE OF DEATH O. COUNTY ALLEGANY b. CITY OR TOWN (If outside corporate limit			DUNTY ALLEGANY
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 retained by the hospital or ottending physician. RECTOR: After this certificate has been signed by the attending physician and completely filled 3 should be detached for use as the burial-transit permit. Then please remove arbon pape I with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7.	-	b. CITY OR TOWN (If outside corporate limit write RURAL and give neorest tawn) CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If n MEMORIAL HOSPI	ot in haspitol, give street oddress)	CUMBERLAND d. STREET ADDRESS 516 WASHINGTON ST	e. IS RESIDENCE ON A FARM? YES NO
	S.	DECEASED (Type or print) SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	ARON OF DEATH MA B. DATE OF BIRTH 9. AGE (In years	10 19 66
	10d dur	AALE WHITE 1. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) LAWYER		11. BIRTHPLACE (County & Stote, or foreign country) POLAND	12. CITIZEN OF WHAT COUNTRY? A
	15.	FATHER'S NAME JACOB BARON WAS DECEASED EVER IN U.S. ARMED FORCES?	. 16. SOCIAL SECURITY NO. 17. I	14. MOTHER'S MAIDEN NAME MATHSHEBA H . BLOOM INFORMANT Ad	M dress
	(10	lb. CAUSE OF DEATH (Enter only one ca PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line far (a), (b), and (c).)	MEMORIAL HOSPITAL	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	10 Berderhen	ex bluese	1 yest
	CERTIFICATION	À Le ces elecat 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	tic R.V.D. multi	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ALL Completes (Enter noture of injury in Port I or Port II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While at wark At wark At wark	CE OF INJURY (Home, form, tary, street, affice bldg., etc.) 20f. (City or town) 5-10 70 CE OF INJURY (Home, form, 19:30to P. M. CE	
		sow the deceased alive and 22a. SIGNATURE	spiral arrended the deceased from <u>77</u> 5 - 10 - 66 19, and tho	at death occurred atM, from cause	es and on the date stated above 22b. DATE SIGNED = -11-66
SPITAL 4 may IERAL or, po d be fi	00	22c. PHYSICIANS NAME (Type) DR. JOSI		22d. ADDRESS ALGONQUIN HOTEL,	
TO HOSPI Poge 4 n Poge 4 n director, should k	230	BURIAL CREMATION, 23b. DATE II EMOVAL (Specify) FUNERAL DIRECTOR	230 NAME OF LEMPFER OR ADDRESS	Cam, Primbers 250. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE

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EL YSA 32 M	THA HERIT	
	THE CANADIST CONTRACTOR	ana la trica
	Charles of St.	TALLESSON THE LINE CO.
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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
FOR STATE	06207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00000
HEALTH DEPT.	PLACE OF DEATH COUNTY	
be be be ath.	ALLEGANY MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AL. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LEGANY nd give neerest town
cessary, of the funeral e 5 may be Department after death.	CUMBERIAND 20 MINITES 使用电离音学等等等。CIMBERIAND	01-1
to the See 5 after 2 after 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Page tat	SACRED HEART HOSPITAL ROUTE 5, WINCHESTER ROAD 3. NAME OF First Middle Lest 4. DAYE Month	Day Yeer
72 the	OF DECEASED (Type or print) NOSRY & BOOR DEATH MAY	23 19 66
二十二年 芸芸	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y lest birthdey) Months De	EAR IFUNDER 24 HR
death. Pages iith form Ind 2 w	MALE WHITE WIDOWED DIVORCED JAN 2 1914 52 yrs. 10e USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITI	ZEN OF WHAT
ter dea Give Pa With Limit event	during most of working life, even if retired) INDUSTRY CONSTRUCTION STEET, WORKER MARYLAND U.S.	NTRY?
118. al	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Hem 18 Mine all Mine	FRANCIS JOSEPH BOOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
7 27	(Yes, no, or unkown) (If yes give war or detes of service)	
within pencil i miner's permit, remova	YFS W W 2 216-07-8820 KATHRYN WOODRUM BOOR CRESAPTOWN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (o).]	N MD. INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION	INTERVAL BETWEEN ONSET AND DEATH SUDDEN
for the form of th	4 2-01 DUE TO	
Media Berrial	Conditions, if eny, which gave rise to immediate out to out	
ord hief	undarlying cause lest, (c)	
ate shou he Word he Chie ed as a burial,	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
tifical to the to the to the to the true or to the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.	YES NOT
s cer rded uld b prio		
EXAMINER. This certificate should be a certificate, writing the word "pen hould be forwarded to the Chief Mediles. Nr. Page 3 should be used as a buria signated agent, prior to burial, crema	ZOC, TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) While Not While et work 19 at work et work	y) (Stete)
INER Liffica be f lige 3		11
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy, inspection, Inquiry, death resulted from: Natural causes	and in my opinion
the the coro	CHIEF MEDICAL EXAMINER	
MEDIS Gecute to Page 4 for your L DIREC or its G	ACTUAL SIGNATURE Sendent A Starelies M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XX May 23. 19	22. DATE SIGNED
	EXAMINER'S NAME (Type) DR. BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county)	00
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify)	ty) (State)
To de dispersión de la constante de la constan	BURIAL MAY 26, 1966 Cook's Mill Cemetery Bedford County Pa 24. JEUNERAL DIRECTOR ADDRESS 253. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR AISME (5)	Long J. Haier Climba	Judge
5M 1/65	Total 2 30 BALTO AVE., CUMBERLAND, MDAMAI 2 3 1300	0

AND THE REAL PROPERTY OF THE PARTY OF THE PA AND THE PERSON AND THE PROPERTY OF THE PERSON AND T AUG THE RESIDENCE The property of the Park of the property of th AND THE RESERVE OF THE PROPERTY OF THE PROPERT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAYE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page af after death. Allegany MARYLAND Marvland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 45 years Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with farm with the State De within 72 haurs in Item 18. Give Pages 1, 11 Altamont Terrace 11 Altamont Terrace YES NO 3 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED 66 Oliver Salby Boslev 21 May 19 (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED TO NEVER MARRIED Manths Dovs Haurs Nov. Male White WIDOWED DIVORCED certificate shauld be executed within 24 haurs 10o, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired)
Retired Telegrapher INDUSTRY Barton, Maryland d "pending" in pencil in Chief Medical Examiner's Railroad page in an 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Grace Liller Amos Bosley and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknown) I(If yes give wor or dates of service) remaval, 219-03-8287 Mrs. Virginia Cleo Bosley, Cumberland Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) Coronary SUCCE AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Occlusion 10 IMMEDIATE CAUSE (o) writing the ward crematian, 01 DUF TO Coronary Sclerosis Conditions, if ony, which gove rise to immediate couse (a). DUE TO 0 stating the underlying cause 4 shauld be farwarded as burial, used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOXX This please execute the certificate. agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.) PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (Caunty) (Stote) Haur o.m. Not While foctory, street, affice bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at work ot wark Inquiry XX 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X and in my apinion Suicide . Homicide the funeral directar. death resulted fram: Natural causes Accident . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE) May 21, O DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar county Cumberland, Md. **EXAMINER'S** SKITARELIC. BENEDICT Health NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (Stote) 23o. BURIAL, CREMATION, (County) 0 Burial (Specify) May 24,1966 Rose Hill Cemetery Cumberland, Md. Allegany 2Sa. REC'D BY REGISTRAR REGISTRAR'S 24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland, Ma. VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Allegany Allenany MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page ve carbon papers. Pag event, within 72 hours 76 Years Westernport = Westernoort filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 301 Marvland Ave. 301 Maryland Ave. NO K YES completely ive carbon p executed within 3. NAME OF First Middle DATE Month Day DECEASED Clarence Bothwell DEATH Mav 66 (Type or print) 19 and cor 5. SFX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Hours any Male 1890 76 White WIDOWED | DIVORCED April 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe INDUSTRY COUNTRY? U.S.A. Railroad Allegany. Maryland Brakeman certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Ethyl E. Sigler Hugh Bothwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or OR ATTENDING PHYSICIAN: The law requires that the death be retained by the hospital or attending physician. Luke. Maryland Mrs. Mary Hopkins 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the TO FUNERAL DIRECTOR: After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior? underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm, (County) (State) 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from. _M, from the causes and on the date stated above. 1961 saw the deceased alive on. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR M.D. PHYS. 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wolverton. James Page / LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. 23b. DATE THEREOF Westernport, 5/4/66 Philos Cemeterv Md. Buria REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 1966 WesterNPORT, VR A15 (4) 15M 4-64

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06210 CERTIFICATE OF DEATH 06206
1. PLACE OF OEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY, b. COUNTY,
Allegany Maryland Maryland Allegany
6. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
209 Washington St. 209 Washington YES NO
3. NAME OF First Middle Last 4. DATE Month Day Year OECEASEO OF OF
(Type or print) Rose Callaghan Bowen DEATH Way 8 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIOOWED DIVORCED 10/4 13, 1880 85 yrs.
10a. USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of workdone lob.)
Housewife Altouna, Penna, U.S.A.
Sames W. Callachan Ellie Dorsey Callachan
Sames W. Callaghan 15. WAS OECEASEO EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
Mrs Robert M. Bruce, Cumberland, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) TYNYMO - SAFEONIA TOPE
Conditions, If any, which DUE TO plets toneal c live metastose to
gave rise to immediate cause (a), stating the DUE TO
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? OPE GAS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING COURSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)
Hour a.m. While Not Walter factory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from
saw the deceased alive on19, and that death occurred atM, from the causes and on the date stated above
22a. SIGNATURE ATTENDING MED. STAFF PHYS. 22b. OATE SIGNED
22c. PHYSICIAN'S / 22d. ADDRESS
TOP, M. S. MIRKIN 113 BO, CENTRE ST. SOCIAL
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Lavis Steen Inc. Cumb Mad ONTE 12 1966 Jeliantes Judge

MADVIAND OTATE DEDADTMENT OF HEALTH

0.0571 and the second s ADVANTAGE DE LA CONTRACTOR protouries that the transfer of the processing of were made of the part of the part of the see The 3 days will be a still as who are the regiment the after any beautiful about A DESCRIPTION OF THE PROPERTY But Inter the Contract of the Contract of the Contract of the and the second of the second o

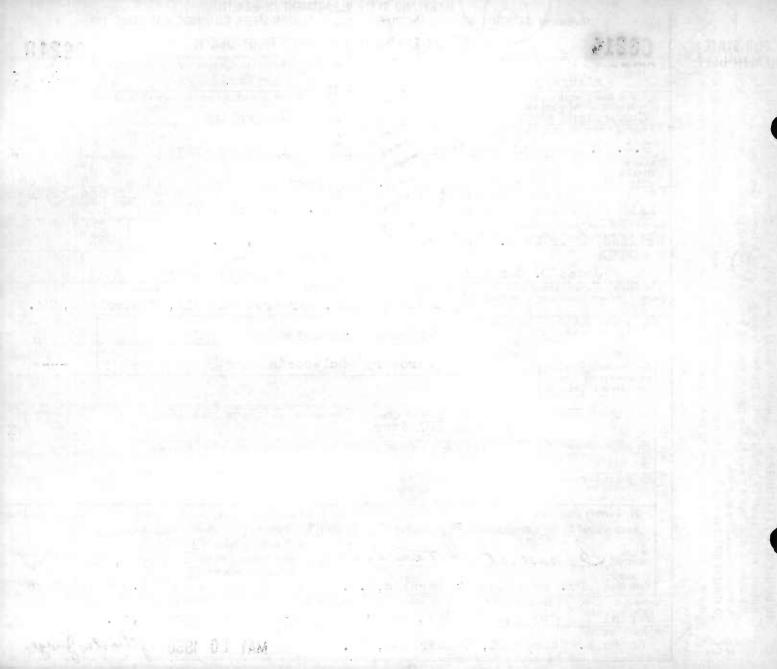
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06211 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH · ALLEGANY WEST VIRGINIA MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CUMBERLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEYSER 2 HRS. 3 MIN d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL STAR RT.#I BOX 56 NO T YES 3. NAME OF Middle 4. DATE Month Lost Doy Year DECEASED OF DEATH Noah BOYCE W. (Type or print) 19 66 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours MAY 18.1966 MALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY 14 COMPRESENTAND, MD. 13. FATHER'S NAME NOAH W. BOYCE THELMA KAYE ARNOLD 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) MEMORIAL HOSPITAL. CUMBERLAND. MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. ot work ot work 19____, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 . ta and that death accurre2 020 P MM rom causes and an the date stated abave. saw the deceased alive an. 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Cumber land, Md NAME (Type) Merico Valde , M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Keyser, W. Va. Potomac Valley Memo. Pk May, 20, 1966 Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

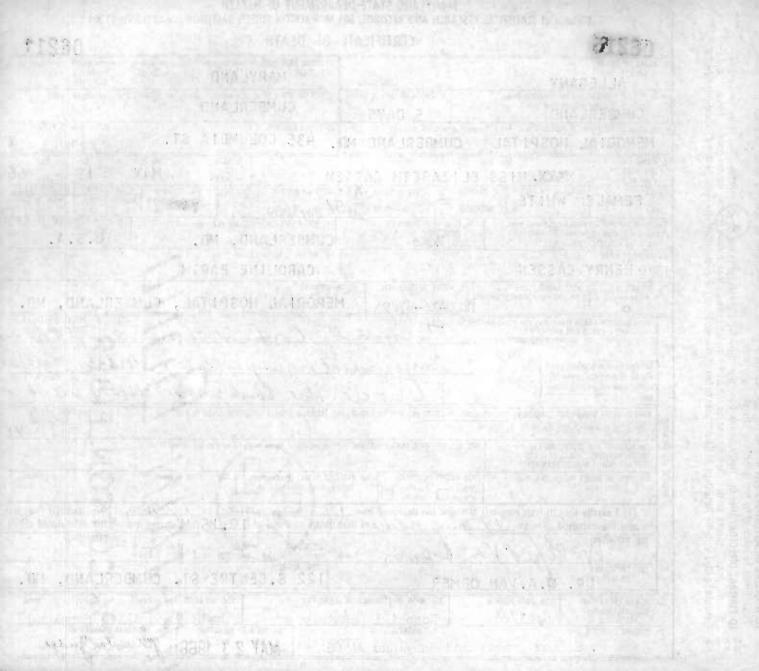
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 haurs after death. deoth and completely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND ALL EGANY MARYI AND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) hours write RURAL and give nearest town CUMBERLAND. 1 DAY CUMBERLAND. d, NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1112 BEDFORD STREET NO K within MEMORIAL HOSPITAL Middle 3. NAME OF First Lost 4. DATE Month Dov Year DECEASED 23, BRADY MAY 1966 MARGARET RE E. (Type or print) DEATH S SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED lost birthday) Months Hours Davs 12.1886 FEMALE WHITE JUNE DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? The low requires that the death certificate Housekeeper At Home Penna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remavol RACHEL RITCHIE GEORGE ESHELMAN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, grunknown) (If yes give war or dotes of service) 10 213-18-2823 HOSPITAL. CUMBERLAND. MD. lon, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit cremot ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) þ DUF TO signed 1 buriol Conditions, if any, which gave rise ta immediate cause (a), DUF TO os the stating the underlying cause Poge 4 moy be retained by the haspital or ottending O FUNERAL DIRECTOR: After this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use CERTIFICATION YES NO PHYSICIAN: 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 0 (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) Not While foctory, street, office bldg., etc.) OR ATTENDING 21. I certify that (I) (this hospital) attended the deceased fram. , 1966 that (1) (we) last 1-22 1910G to 5.23 1966, and that death accurred at 2 . 1 MAthem causes and an the date stated above. saw the deceased alive on. 22a, SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 441 NAME (Type) W IAMES, M.D. N. CENTRE ST., CUMBERLAND. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Everett Cemeterv Everett Penna 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) H. Lee Silcox Cumberland Maryland 21502 20 M 1/66

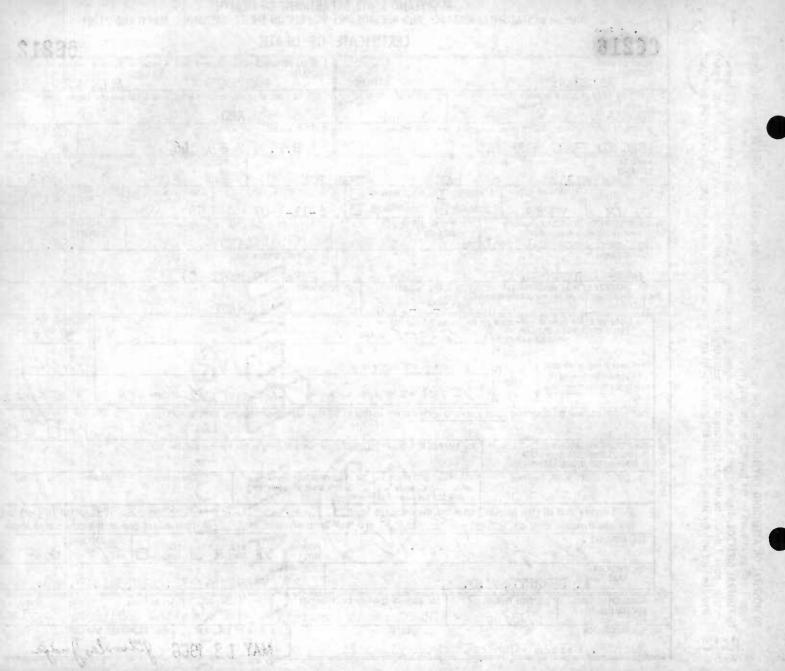
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE the f hours after ALLEGANY MARYTAND ALLEGANY **MARYLANO** by the Pages filled in by papers. Pages 72 hours af b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b write RURAL and give nearest town) LONACONING 2 YEARS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 NOT KYLE NURSING HOME N. MECHANIC ST. YES within etely carbon 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, comple (Type or print) MINNTE DEATH 19 66 ALTCE CANAN MAY 5. SFX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove 7. MARRIEO NEVER MARRIED 8. DATE OF BIRTH 9. last birthday) Months 1 Days Hours and WIOOWEO XX DIVORCEO FEMALE 24.1883 YIS. attending physician a ermit. Then please re on of removal, and in Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? HOUSEWIFE OWN HOME TERRA TISA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN BUCKLEW VIRGINTA BUCKLEW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent t permit. (Yes, no, or unkown) (If yes give war or dates of service) Anita Canan cremation Cumberland. Md. NONE 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c), been signed of the stransit is the burial-transit is to burial, cremat INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Cenditions, If any, which gave rise to immediate as the prior to OUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use PERFORMED? certificate NO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) r this certif detached for te Dept, of b 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work to May P 21. I certify that (!) (this hospital) attended the deceased from . 19 66. that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at A M. from the causes and on the date stated above. saw the deceased alive on Mon 19 66 22b. OATE SIGNEO 22a. SIGNATURE page STAFF PHYS. MEO. DIRECTOR M.D. FUNERAL PHYSICIAN'S 22d. AOORESS TO FUNERAL director, p should be 22c. NAME (Type) ONACONIN 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) MAY 28, 1966 HILLCREST BURIAL PARK CUMBERLAND. BURTAT 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** BYRON KIGHT 1966 CUMBERLAND. MD. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours ofter death. deoth funerol I ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before odmission) o. COUNTY h COUNTY o. STATE ALLEGANY MARYLAND papers. Pages 1 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 CUMBERLAND DAYS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 filled i 435 COLUMBIA MEMORIAL HOSPITAL CUMBERLAND YES NO 3. NAME OF Middle reprove corbon 4. DATE Month Lost Doy Year DECEASED MAY XXXXX. MISS ELIZABETH 66 CASSEN DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED FEMAL Months Dovs Hours 76 WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe ond in during most of working life, even if retired) INDUSTRY attending physician permit. Then pleas CUMBERLAND, MD. . A. requires that the death certificate Housekeeper Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal. HENRY CASSEN CAROLINE BARTH 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no. or unknown) (If yes give wor or dates of service) MEMORIAL HOSPITAL. CUMBERLAND. MD. 220-16-5789A No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4 may be retoined by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUF TO stoting the underlying couse os the has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? for use Stote Dept. of Heolth NO YES this certificate 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While ot work After 1 ot work 1966, to May 1966, that (1) 21. I certify that (I) (this haspital) attended the deceased fram_ mun director, page 3 should should be filed with the 19 C.C. and that death accurred at 10. INS Adm causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an_ 220, SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typy) R CUMBERLAND. S. CENTRE ST. MD. A. VAN ORMER 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) 5/21/66 Rosehill Cemetery Cumberland Alleg Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ruth E. Silcox Cumberland Maryland 21502



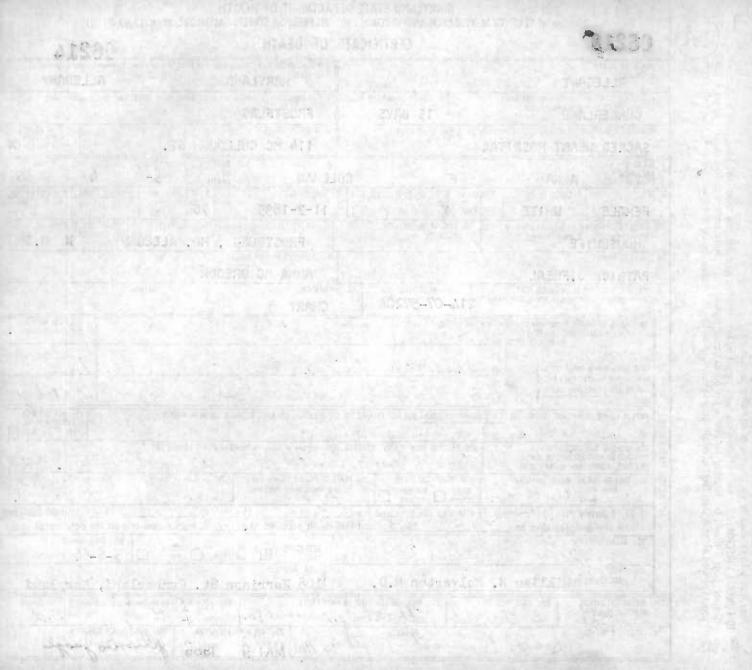


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06217 CERTIFICATE OF DEATH death. executed within 24 hours after death and completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b hours FLINTSTONE CUMBERLAND 14 DAYS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) within 72 MEMORIAL HOSPITAL YES NO 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED ELMERX CLINGERMAN A. MAY 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Doys Hours WHITE MALE DIVORCED and in any WIDOWED 18881 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during mast af working life, even if retired) **INDUSTRY** the attending physician sit permit. Then please WEST VIRGINIA Retired Carpenter law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, NATHAN CLINGERMAN JANE BISHOP 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates af service 0 MEMORIAL HOSPITAL No crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY monay IMMEDIATE CAUSE (a) physician DUE TO signed Conditions, if ony, which gove uuk rise ta immediate cause (a) DUF TO stoting the underlying cause Page 4 may be retained by the hospital or attending as the this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION for USe erfecessel NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While State at wark O FUNERAL DIRECTOR: After at wark 21. I certify that (I) (this haspital) attended the deceased fram shauld M, frant causes and an the date stated above. 1 9 19 66, and that death accurred saw the deceased alive an 22a. SIGNATURA 22b. DATE-SIGNED M.D. DIRECTOR PHYS PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN GREENE ST. CUMBERLAND, MD director, should b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Tawn) (Caunty) (Stote) BURIAL, CREMATION REMOVAL (Specify) Glendale Church of Brethren May 22. 1966 Flintstone. Alleg 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 230 Balto Ave., Cumberland, Mara

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 hours ofter death. filled in by the funeral nappers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ALLEGANY b. COUNTY ALLEGANY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) FROSTBURG 15 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 114 MC CULLOUGH ST. SACRED HEART HOSPITAL YES NO TX 3. NAME OF Middle Last 4. DATE Manth Year DECEASED COLEMAN 5-66 ANNA 19 (Type ar print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED birthday) Months 11-2-1895 FEMALE WHITE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT FROSTBURG . MD. ALLEGAN 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ANNA MC GREGOR PATRICK J.FREAL 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED TO ACCE.

(Yes, no, or unknown) ((If yes give war ar dotes of service) 14-07-5720A CHART cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO signed Conditions, if ony, which gave rise to immediate couse (o). DUE TO stating the underlying cause this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS)
PERFORMED? 20o. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY_OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING TAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 477 20c. TIME OF INJURY Month, Doy, Yeor factory, street, affice blda., etc.) VM bERLAND at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 4 19 6 that (1) 1966, and that death accurred of 11:45/M, fram causes and on the date stated above saw the deceased alive on____ 22a. SIGNATURE 22b. DATE SIGNED 5-6-66 M.D. DIRECTOR 22d. ADDRESS NAME (Type) William R. Wolverton M.D. 108 Harrison St. Cumberland, Maryland director, 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR EREMATORY 23d. LOCATION (City or Town) (Stote) Sthurs Memorial Ton 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Allegany

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Department after death. c. LENGTH OF STAY IN 1b Cumberland Months arvland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) State hours NO V YES Sylvan Retreat 3. NAME OF Year First Middle Last 4. DATE Month Day DECEASED 1966 (Type or print) DEATH Mev Condon Joseph Michael 2 with within AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Deys | Hours | Min. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X Pages th form Male White DIVORCED 4/17/188/ 82 WIDOWED VIS. hid 12. CITIZEN OF WHAT 10e. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY BIRTHPLACE (State or foreign country) COUNTRY? Give Retired Shoe Salesman U.S.A. Maryland Self uted within 24 hours af "in pencil in Item 18. Examiner's Office alorg MOTHER'S MAIDEN NAME Michael Condon Catherine Bleke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, **EXAMINER:** This certificate should be executed within No Sylvan Retreat. Cumberland MD. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit Coronary Occlusion Sudden the certificate, writing the word "pending should be forwarded to the Chief Medical DUE TO Sclerosis Coronary Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a l to burial, c underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should b (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year at work Not While factory, street, office bldg., etc.) Hour e.m. CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X inquiry X and in my opinion DIRECTOR: Undetermined manner death resulted from: Natural causes 4. Accident Suicide Homicide CHIEF MEDICAL EXAMINER 4 Your Page 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 for DEPUTY MEDICAL EXAMINER FUNERAL P May 1. 1966 **EXAMINER'S** director. retained Benedict Skitarelic. M.D. Address (Street, city, town, or county) Cumber NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) of 0 REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 1966 VR ALSME

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MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then places is move carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and any event, within 72 hours after deat

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06220		CERTIFICAT	E OF DEATH		06216
1. PLACE OF DEATH					ion: Residence befare admission)
a. COUNTY	LLEGANY	MARYLAND	o. STATE MARYLA	ND b. COUN	ALLEGANY
b. CITY OR TOWN	If autside corporate limits.	c. LENGTH OF STAY IN 1b		itside carparote limits, write RUF	
CUMBERLANI	d give nearest tawn)		RAWLINGS	Rt. # 3	01-1
	AL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	e. IS RESIDENCE ON A FARM?
SACRED I	EART HOSPITA	T,	Alang U?	's. Rt. # 220	YES NO NO
. NAME OF	First	Middle	Last	4. DATE Mont	h Day Year
DECEASED (Type or print)	NORMAN	Bruce cos	INFR	OF DEATH MAY	31 1966
. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
MALE	WHITE V	VIDOWED DIVORCED	5-28-99	fast birthday)	Months Doys Hours Min.
Oo. USUAL OCCUPATIO	(Give kind of work done	10b. KIND OF BUSINESS OR		& State, or foreign country)	12. CITIZEN OF WHAT
ring most of working Ret. Carri		B. & O. Rwy.	KTTZMTIJ	ER. MARYLAND	COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN		
RANDOLPI	COSNER (D)		HELEN (B	RAY) COSNER ())
IS. WAS DECEASED EV	R IN U.S. ARMED FORCES?		INFORMANT	Addre	ess
Yes, no, arunknawn) UNRNOWN	(If yes give war ar dates af ser	vice)	rs: Nellie M	. Cosner Rt. #	3 Rawlings Md.
18. CAUSE OF D	EATH (Enter only one cause p				INTERVAL BETWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Conti carona	u dichus	171	2 ONSET AND DEATH
4201	DUE TO		7		,
Canditians, if any		Calmery 2	clumn		12/cr
rise to immedia					/
last.	(c)	arleinlein	m		13cm
PART II. OTHER S	GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIF)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Port II of item 1B.)	
Hour o.	URY Manth, Day, Year m. 19		LACE OF INJURY (Home, farm actary, street, affice bldg., etc.		(County) (State)
21. I cert	fy that (1) (this haspite	all attended the deceased fram_	5-24	19.66, to 5 - 31-	, 19 <i>66</i> , that (I) (we) las
saw the c	eceased alive an 5	-31- 1966, and th	at death accurred at	6:30PM, fram causes	and an the date stated above
220. SIGNATURE	V /		ATTENDING	MED STAFF	22b. DATE SIGNED
	6, 1 Mm		M.D. PHYS.	DIRECTOR PHYS.	6-1-66
22c. PHYSICIAN'		Company of the last	22d. ADDRESS		
NAME (Type	L BRINGS,	M.D.	57 GREE		BERLAND, MARYLAND
230. BURIAL, CREMATI	ON, 23b. DATE THEREO	F 23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or To	
REMOVAL (Specif	6/3/66	Waxler Ceme	teru		lle, Allegany Md.
24. FUNERAL DIRECT)R	ADDRESS	2So. REC'		GISTRAR'S SIGNATURE
H. Wayr	e George Cur	nberland. Maryland	DATEUN	6 1966 20	Carles Judge

TSOC IN THE BUILDING OF STATE TANK TO STREET AND THE PARTY OF A CONTRACT SHEET SHEET STREET, STREET,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Non HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm o. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and give negrest town) WESTERNPORT WESTERNPORT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? LIKENS STREET YES NOT NAME OF First Middle Month Day Yeor DECEASED (Type or print) ETHEI. LOUTSE CRAMFORD DEATH MAY 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Oct. Months 68 yrs. WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CLERK WESTERNPORT. MD U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM H. CRAWFORD CATHERINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WESTERNPORT, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Occlusion Coronary IMMEDIATE CAUSE (0) DUE TO Sclerosis Canditions, if ony, which Coronary gave rise to immediate cause DUE TO (a), stoting the underlying PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) at work of wark 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry K opinion death resulted from: Natural causes XX, Accident , Suicide , Homicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER Cumberland, ASSISTANT MEDICAL EXAMINER EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER May 15, 1966 NAME (Type) FUN 22c. NAME OF CEMETERY OR CREMATORY 22a. SURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) 18,1966 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15MF 5M 2/57

de Chemanista . . managaria de la compania

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR JOSEPH R. DURST, SR.,

REMOVAL (Specify)
BURIAL

5-13-66

F'BG MEMORIAL PARK **ADDRESS** FROSTBURG, MD.

2Sq. REC'D BY REGISTRAR

FROSTBURG. 2Sb. REGISTRAR'S SIGNATURE

MD.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06223 requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND c. LENGTH DF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) carban papers. Pagent, within 72 haurs 2 WEEKS FROSTBURG CUMBERIANI and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 158 MC CULLOUGH ST. SACRED HEART HOSPITAL NO X YES 3. NAME OF Middle 4. DATE Month First Lost Day Year DECEASED 19 66 MAY 21 CROWE VERONICA ANNA (Type or print) DEATH S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Manths Hours Days 10-19-84 WIDOWED X WHITE DIVDRCED FEMALE 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life even if retired)
HOUSE WORK INDUSTRY OWN I COUNTRY? BORDEN MINES. MD. HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BARTOLOW JOHN ROSE the attending passit permit. The 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes of service) NONE PT'S CHART 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH VASCULAR THROMBOSIS IMMEDIATE CAUSE (a) physician. DUF TO Canditians, if ony, which gove ARTS, 20 SCLEROSIS GENBRALIZED rise to immediate cause (a). DUF TO stoting the underlying cause as the prior ta has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO YES O FUNERAL DIRECTOR: After this certificate by the haspital or OR ATTENDING PHYSICIAN: far 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While with the State ot work 21. I certify that (1) (this hospital) attended the deceased fram 5 -8 1968, to 5 -21, 1965 that (H) (we) last be retained 19 6 c, and that death accurred at M, fram causes and on the date stated above saw the deceased alive an 5 2 (22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR **ATTENDING** 5-23-66 M.D. PHYS. filed TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S MICHABL Cahie k 121 N SMALLWOOD ST. CUMBERLAND, MARYAND NAME (Type) directar, shauld 23d. LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION 23b. DATE THEREOF BURIAL (Specify) ST. MICHAEL'S CEMETERY FROSTBURG, MD.
GISTRAR 2Sb. REGISTRAR'S SIGNATURE 2Sg. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Charles VR A15 (4) JOSEPH R. DURST. SR. FROSTBURG, MD. 20 M 1/66

3120 A PROPERTY WHITE THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06225 be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission completely filled in by the funeral PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND ALLEGANY ATTEGANY b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) HIMBER AND CHMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO NO SACRED HEART HOSPITAL COLUMBIA 3. NAME OF First Middle Last 4. DATE Month Doy Year DECEASED (Type or print) DEFFENBAUGH DEATH MAY S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH remove last birthday) Months Dovs Hours inany WIDOWED DIVORCED MATA WHITE 10-10-09 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? CUMBERLAND, MARYLAND requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remavo en Hd EDWARD DEFFENBAUGH MARTZ CECELIA signed by the ottending 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no par unknown) (If yes give war ar dotes of service PT'S CHART cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Canditians, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying cause has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO this certificate 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. While Nat While foctory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDIN Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased from 5-5-, 1966, to 5-10-1966 , that (1) (we) last 0 saw the deceased alive on 5-10-1966, and that death accurred of M, fram causes and on the date stoted obove. 220. SIGNATURE 22b. DATE SIGNED 5-10-66 M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)R director, NAME OF CEMETERY OR CREMATORY LOCATION, (City or Town (County) (State) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR

1966

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or out sewanted than the second of

ban papers. Pages 1 and 2 within 72 haurs after death.

3.

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10o. duri 13.

15. (Yes

MEDICAL CERTIFICATION

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

directar, page 3 should be detached for use as the burial-transit permit. Then please remover shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any eve

	Division of STATIS	ICAL RES	MARYLAND STATE				IMORE, MARYL	AND 21201		
06226			CERTIFIC	CATE	OF DEATH	- 94			0622	2
	EGANY		MARYLA		2. USUAL RESIDENCE (V o. STATE MD •		b. COUN	ALLE	GANY	n)
CUMBERL	f outside corporate limit AND		3 DAYS	lb	c. CITY OR TOWN (If ou	utside corpore	ote limits, write RUR	AL and give ned	1-1	euze.
	ART HOSP.	t in hospitol	, give street oddress)		d. STREET ADDRESS	XX T	ERRACE		e. IS RESID ON A FA	
IAME OF ECEASED Type or print)	FRANCES	st	Middle LULA	D	RIVER	4. DATE OF DEATH	5- Mont	16	ογ Yeo 19	66
FEMALE	6. COLOR OR RACE WHTTE	7. MARRIED WIDOWED			Sept. 13, 1		P. AGE (In years lost birthdoy) yrs.	Months Dov		Min.
USUAL OCCUPATION ng most of working I	(Give kind of work done ife, even if retired) WORKER		KIND OF BUSINESS OR INDUSTRY WELFARE BO	DARD	Harrisonbu			12. CITIZEN COUNTR		5.
FATHER'S NAME CHARLES	CLINE				14. MOTHER'S MAIDEN I		EL			
WAS DECEASED EVE (No pr unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service)	. SOCIAL SECURITY NO. 15-36-8871		Julian C:	Drive	r 19 Glev	La	Vale, I	ld.
	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	(o) C	or (o), (b), and (c).) LEAR CALL	Cx	1Rcinem n	OF K	T. KIDNI		INTERVAL BETY ONSET AND D	
Conditions, if ony,		(b)								

18. CAUSE OF DEATH (Enter only	y one couse pe	er line for (o), (b), ond (c).)		
PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (o) _	CLEAR CAL	L CARCINGMA O	FRT. KIDNEY
180X IMMEDIA	DUE TO			
Conditions, if ony, which gove	(b)_			
rise to immediate couse (a), stating the underlying couse	DUE TO			
lost.	(c) _			
PART II. OTHER SIGNIFICANT COND	OITIONS CONTR	IBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(o)
200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMI	ATH	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in Port	I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy	y, Yeor	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form,	20f. (City or town)

(Stote) (County)

Hour o.m. of work 21. I certify that (I) (this haspital) attended the deceased fram Dec , 1965, ta 5-16 , 1966, that (I) (we) lost saw the deceased alive an 5-16 1966, and that death accurred at 1130 M, fram causes and an the date stated above.

foctory, street, office bldg., etc.)

195, that (1) (we) lost

WAS AUTOPSY PERFORMED?

NO

22o. SIGNATURE

ATTENDING PHYS. M.D. 22d. ADDRESS

MED. DIRECTOR

STAFF PHYS.

Cumberland

2Sb.

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

M. CH 17 5 23b. DATE THEREOF 5/20/66

23c. NAME OF CEMETERY OR CREMATORY

Small wood 12-6 N. 23d. LOCATION (City or Town)

(County)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cappan papers. Pages 1 and 24. FUNERAL DIRECTOR

H. Wayne George

230. BURIAL, CREMATION,
REMOVAL (Specify)

Cumberland, Maryland

Sunset Memorial Park
ADDRESS 2

250. REC'D BY REGISTRAR DATMAY 2 3 1966

(Stote) Maryland

VR A15 (4) 20 M 1/66

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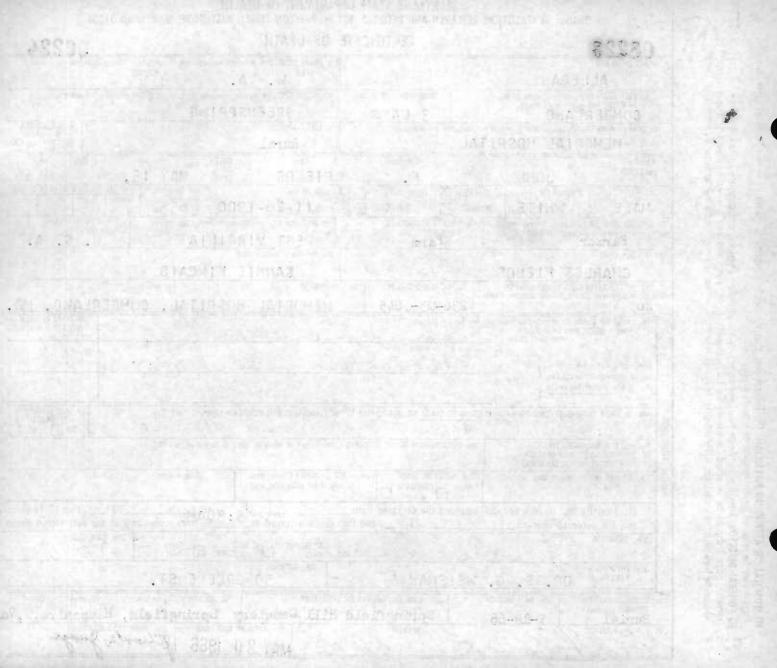
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residen a. COUNTY b. county legany Allegany by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Frostburg Moscow d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Miners Hospital ON A FARM completely Dabers. YES NO Z 72 NAME OF First Middle 4. DATE Month Dev Yeer DECEASED OF within (Type or print) EMMA DEATH 19 arbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS pue AGE (In years) IF UNDER 1 YEAR Hours certificate WIDOWED T DIVORCED emove iy aver 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) phys Westenport, MD. USA please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Henry Lee Ellen Foley Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, or unkown) (Ifyesgive war or detes of service) None Mrs. Milton Todd Moscowm DAUGHTER 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immadiate ceuse DUF TO (a), stating the underlying ceuse lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) SE 19. WAS AUTOPSY CERTIFICATION PERFORMED? use prior NO 200. ACCIDENT WAS UNDERLYING for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached ATTENDING 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm, 20d. INJURY OCCURRED I (County) (Stete) retained ō fectory, street, office bldg., etc.) Whila Not While Hour a.m. DIRECTOR: et work et work p.m. 1966, that (1) (we) last 21. | certify that (!) (this hospital) attended the deceased from...... should 19.6., and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on... жы 22a. SIGNATURE DATE ATTENDING. MED. STAFF SIGNED HOSPITAL FUNERAL page PHYS. DIRECTOR PHY5. M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) death. 23a. BURIAL, CREMATION, | 23b. DATE THEREOI NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial (Specify) 966 Cemetery Moscown 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) GEORGE EICHHORN 20M 5-63

DEPARTMENT OF HEALTH

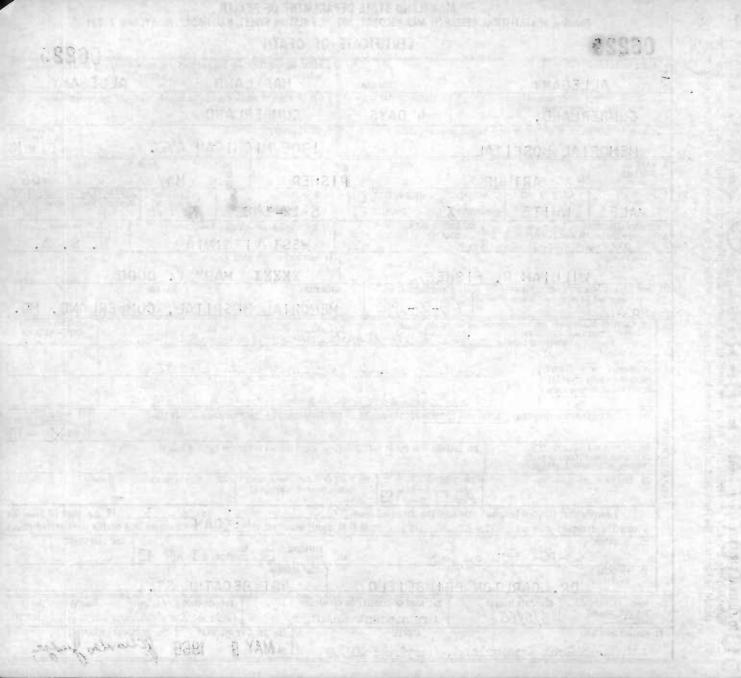
1/11/2/46 anile | witte Messonport, M. COME VISION None Marian, and Marcon, and Marcon, Fig. 5/30/23cd Lines and Commission Lordon, Income, I. CERTURA SECTION RAY LORAGONIES, 108. CAN'S LOSS 200 C 7 LA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and by the attending physician and completely filled in by the funeral ransit permit. Then please remove carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give nearest tawn) GREENSPRING DAYS CUMBERLAND IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS within 72 MEMORIAL HOSPITAL Rural NO A nany event with NAME OF Middle First DATE Month Year DECEASED FIELDS 66 JOHN MAY 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs 11-26-1900 WHITE MALE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? WEST VIRGINIA rarm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, CHARLES FIELDS KANNIE KINCAID WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ga, ar unknawn) (If yes give war ar dates af service HOSPITAL. CUMBERLAND. 236-03-5645 crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY QNSET/AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Orference legte Dia hete NO/ 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. factory, street, office blda., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram. M, from causes and on the date stated abave. 115 19 k(... and that death accurred at saw the deceased alive-on. 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GREENE S. G. WEISMAN ST 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Springfield Hill Cemetery Springfield, Hampshire, W. Va 5-18-66 Buria. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Melanley VR A15 (4) 20 M 1/66 1966

MARYLAND STATE DEPARTMENT OF HEALTH

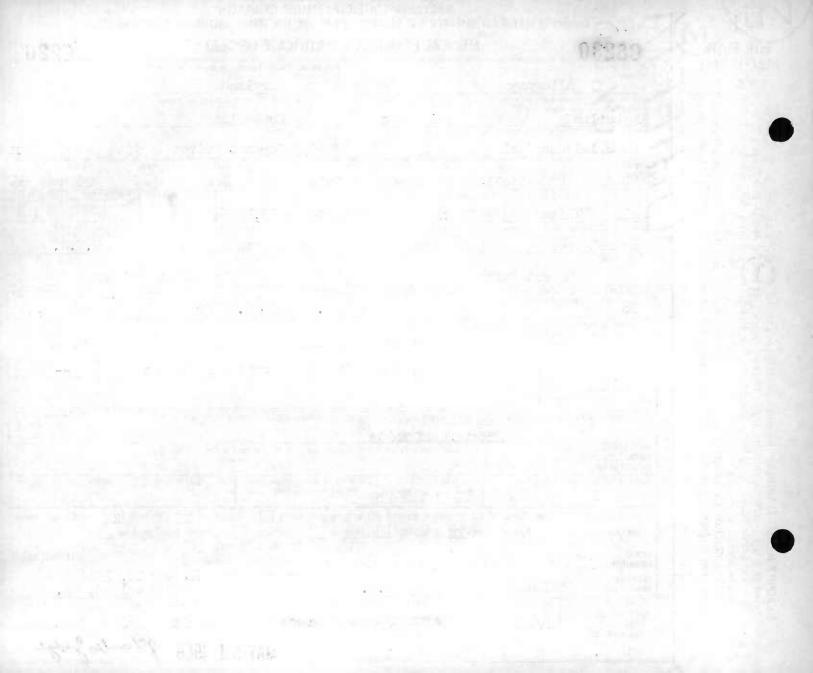


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06223 executed within 24 hours after death. campletely filled in by the funeral ove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence a. COUNTY b. COUNTY ALL EGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) DAYS CUMBERLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS 1305 MICHIGAN AVE. NO X within MEMORIAL HOSPITAL 3 NAME OF ease remove carban Middle 4. DATE Manth Year DECEASED 1966 常ISHER MAY ARTHUR (Type or print) DEATH S. SEX 9. AGE IIn years IF LINDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Hours Dovs WHITE 5 - 22 - 1891 WIDOWED X MALE DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? and WEST VIRGINIA Retired B & O requires that the death certificate physica 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya XKKKX MARY V. DODD FISHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give wor ar dotes af service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 705-09-9962 MEMORIAL HOSPITAL. CUMBERLAND. No crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c). burial-transit ONSEL AND, DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed 1 DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending has been use as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 0082 O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. foctory, street, affice bldg., etc.) at wark ot work 21. I certify that (1) (this hospital) attended the deceased from Aban . 19 66, that (1) (we) last 1966 to Mm 3 1966, and that death accurred of 4:50 M Yram causes and on the date stated obove sow the deceased alive on man 2 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 401 DECATUR ST CARLTON BRINSFIELD director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8URIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 5/6/66 Cumberland Allegany Maryland Greenmount Cemetery 2Sa. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATU 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Ruth E. Silcox Cumberland, Maryland 21502



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY b. COUNTY 2, and 3 to PM3. Page at o Maryland Allegany Allegany MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 10 Days Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Item 18. Give Pages 1, Office along with farm with the State De within 72 hours 835 Gephart Drive Memorial Hospital YES 🗌 NO IX NAME OF Middle 4. DATE Lost Manth Day Year DECEASED Stella May 26 Flake 66 Irene 19 Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) 80 yrs. Months Days October 13.1885 Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)
Housekeeper 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY any Pennsylvania Home = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME L Ernest Smith Catherine Hoffman and Address 835 Gephart Dr IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT This certificate should be executed permit. ard "pending" in Chief Medical (Yes, na, or unknawn) (If yes give war ar dates of service) crematian, or remaval, Cumberland, Md Mrs. Martin L. Sharp INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Hemorrhage Cerebral IMMEDIATE CAUSE (g). e, writing the ward farwarded to the Ch DUF TO Hypertensive Cardiovascular Disease Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause SD 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO A 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY G or CONTRIBUTING G MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While may be retained far your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection XX Inquiry XX and in my opinion far Natural causes XX Accident . Suicide . Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER or its SIGNATURE DEPUTY MEDICAL EXAMINER KK May 26, 1966 **EXAMINER'S** BENEDICT SKITARELIC. Health Address (Street, city, tawn, ar county Cumberland. Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, (Stote) 0 REMOVAL (Specify)
Burial Pleasant Grove Cemetery 5/28/66 Cumberland Alleg Marvland 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Mister VR A15ME (5) Ruth E. Silcox Cumberland Maryland 21502

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06232 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) be executed within 24 hours after death the funerol oges 1 ond PLACE OF DEATH a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND in by the Poges hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b CUMBERLAND HRS ve carbon popers. event, within 72 ho e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ond completely filled 402 BEALL ST. MEMORIAL HOSPITAL NO X Middle 4. DATE 3. NAME OF Month Year DECEASED PEARI Sarah . FRICKEY MAY 19 66 DEATH B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Hours 9-27-1890 FEMALE WHITE WIDOWED X DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY WIL HOME CUMBERLAND. MD. requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, ar remov GEORGE KORNS ELIZABETH EXXXXXXX Cruthers 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give wor ar dates af service MEMORIAL HOSPITAL, CUMBERLAND, None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far.(a), (b), and (c).) signed by the buriol-transit OWSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if ony, which gove rise to immediate couse (o), DUE TO for use as the b f Heolth prior to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Hour a.m. Not While ot work ot wark 21. I certify that (1) (this hospital) attended the deceased from 5 _, 1966 that (1) (wo) last 1966, and that death occurred at 6:1 MAtom causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. W. F. WMKKAMS CENTRE Cumb. Md 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Cumberland. 5/22/66 Maryland Rose Hill Cemetery ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) H. Wayne George Cumberland. 1966 Maryland

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completely filled in by the funeral type carbon papers. Pages 1 and 2, event, within 72 haurs after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth

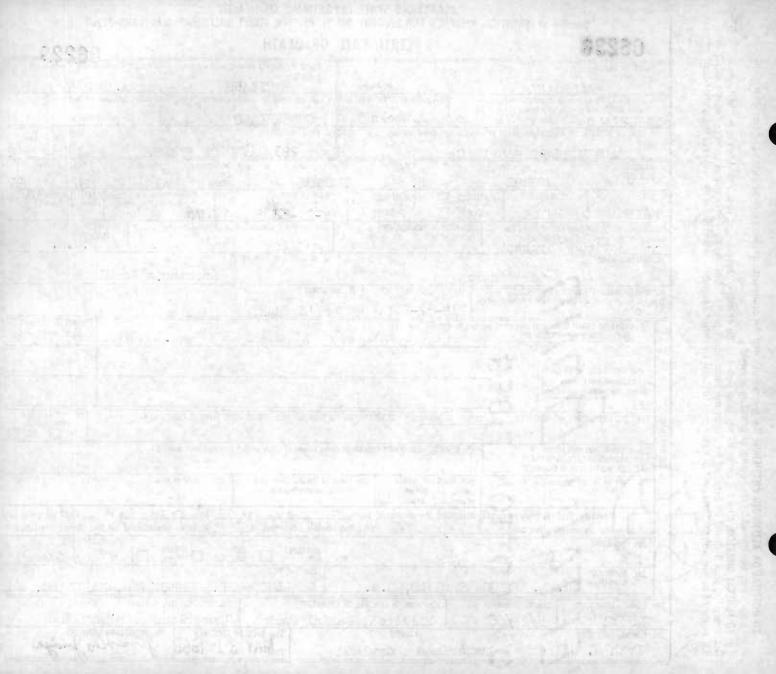
TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and

VR A15 (4) 20 M 1/66

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

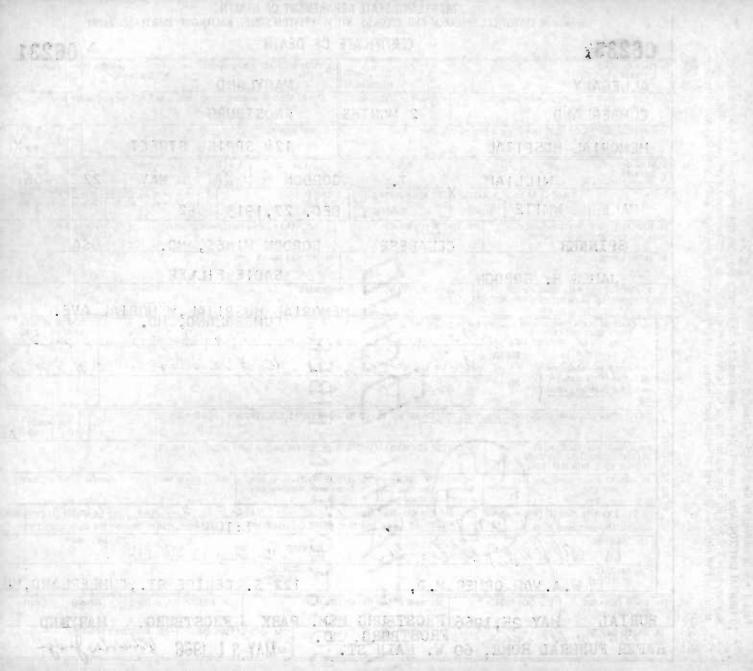
06238	CERTIFICATE	OF DEATH		06229
1. PLACE OF DEATH			here deceased lived, if instituti	an: Residence before admission)
a. COUNTY ALLEGANY	MARYLAND	o. STATE MARYL	b. COUN	ATJEGANY
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b		rside corporate limits, write RUR	
write RURAL and give nearest town) CUMBERTAND	2 Weeks	CUMBERLA	ND.	01.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS	VD.	e. IS RESIDENCE
GA COTTO VIDADO VIO COTTO		222 DAI	VIDSON STREET	ON A FARM? YES NO
SACRED HEART HOSPITAL 3. NAME OF First	Middle	Last Last	4. DATE Month	
DECEASED (Type or print) GEORGE	a	ATRAS	OF DEATH MAY	-1 10 10
S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIOOWED	DIVORCED D	9-25-1889	lost birthday) 76 yrs.	Months Doys Hours Min.
5 A 4 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4	IND OF BUSINESS OR	The state of the s	Stote, or foreign country)	12. CITIZEN OF WHAT
during mast of working life, even if retired)	IOUSTRY			COUNTRY?
Retired Merchant		GREECE 14. MOTHER'S MAIDEN N	AMF	U.D.A.
Peter Giatras		14. MOTTER'S MAIDER O	Annatacia	Kaculeas
	SOCIAL SECURITY NO. 17. II	NFORMANT	Addre	
(Yes no ar unknown) (If yes give wor or dates of service)	Ll1-32-2871			
18. CAUSE OF DEATH (Enter only one couse per line for		PT'S CHART		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Corly Corly	osperlas	, Throm	ONSET AND DEATH
IMMEDIATE CAUSE (o)	COULTURE 1		1 www.	MAY 20012
Carlos Ca				
rise to immediate couse (o),				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1/a)	I 19. WAS AUTOPSY
S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEATH BUT NOT KEERIED TO T	THE TERMINAL DISEASE CON	DITION OFFER IN PART 1(0)	PERFORMED?
20o. ACCIDENT WAS UNDERLYING ☐ 20b. DI	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in E	Port I or Port II of item 10 \	YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED. (cities motore of imprey in r	on the Point and ment 16.)	
20b. DI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d. I While	NJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm	, 20f. (City or town)	(County) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour a.m. While	M . 100 H	ary, street, office bldg., etc.)		((21016)
p.m. 17 of wor	k U of work U	tere as a second	2	24.10
21. I certify that (I) (this haspital) atten	ded the deceased fram	death accurred at	7 / M fram squees	and an the date stated shows
saw the deceased alive an 3	/) 19 00 , and mai	death accorred at	/ / m, Hum couses	22b. DATE SIGNED
220. SIGNATURE LADS	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	5-28-66
22c. PHYSICIAN'S	M.L	22d. ADDRESS	DIRECTOR D PH73. L	1 0 ag 66
matter of the state of the stat	GGLE, M.D.	SMALLWOOD	ST. CUMBERT.A	ND. MARYTAND.
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Tay	
REMOVAL (Specify) 5/27/66	Hillcrest Bu		Cumberland	Maryland
24. FUNERAL DIRECTOR	ADDRESS DU		BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
	land Maryland	DAMAY		Marles Judge



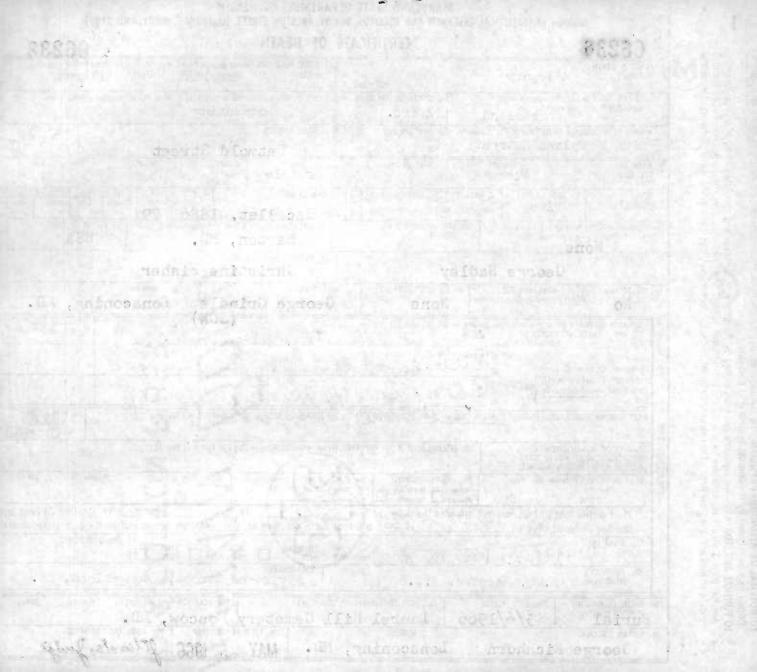
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission 3 to Poge o. COUNTY o. STATE b. COUNTY Allegany Allegany of Maryland deoth. MARYLAND Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b PM3. write RURAL and give nearest town) Cumberland after 51 years Cumberland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS olong with form 72 hours Route 3. Valley Road Route 3, Valley Road Item 18. Give Pages NO X 24 hours after deoth. 3. NAME OF Middle 4. DATE First Lost Month Dov Year DECEASED 19 66 Kathleen Goetz 28 Grace May (Type or print) DEATH within 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 5 fast birthdoy) Months Hours Dovs Dec. 19, 1914 White Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done fOb. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Former Nurses Aid Cumberland, Md. Infirmary USA Ξ d "pending" in pencil ir Chief Medicol Exominer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within John Joseph Trost Effie D. Harden File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. removal John E. Trost, Cumberland, Md. - Brother 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ASPHYXIATION 0 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, DUF TO STATUS EPILEPTICUS Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse forworded burial, fg. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION pleose execute the certificate, ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge ot work ot work Inspection. X Inquiry X, 21. I certify that I took charge of the remains described above, held an Autopsy 1. ond in my opinion death resulted from: Natural causes X Accident . Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE May 28, 1966 O DEPUTY DEPUTY MEDICAL EXAMINER XXX **EXAMINER'S** Address (Street, city, town, or county) Cumberland, Md. Benedict Skitarelic. M.D. Heolth NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 Burlal (Specify) Davis Memorial Cemetery May Cumberland, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. Ocharles 1966

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06235 afterdeath puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove corbon papers. Pages 1 and o. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND be executed within 24 haurs after c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CUMBERLAND within 72 hours MONTHS **FROSTBURG** IS RESIDENCE ON A FARM? ES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 124 SPRING MEMORIAL HOSPITAL STREET 3. NAME OF First Middle Lost DATE lease remove corbon Year **OECEASEO** 1966 GORDON MAY 22 WILLIAM DEATH (Type or print) S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO ast birthday) Hours MALE WHITE DEC. 27.1913 WIDOWED OIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind af wark done 11. BIRTHPLACE (Caunty & State, ar fareign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** and BORDON MINES. MD CELANESE requires that the death certificate SPINNER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo SADIE FILLER JAMES H. GORDON IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng, ar unknawn) (If yes give war ar dates af service MEMORIAL crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed Conditions, if any, which gave rise to immediate couse (a). **OUE TO** stating the underlying cause be retained by the hospitol or ottending hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use NO Z FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m Not While factory, street, affice bldg., etc.) ot wark at wark , 1965, ta 22 may, 19/0 (othat (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram / Dec. Then 19 6 4 and that death occurred at 1 = 10 MM rom couses and an the date stated above. sow the deceosed alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. 22d ADORESS 22c. PHYSICIAN'S director, po should be f NAME (Type) 122 S. ORMER CENTRE ST. CUMBERLAND MD VAN 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (Caunty) (State) FROSTBURG MEM. PARK FROSTBURG REGISTRAR'S SIGNAT 2Sa. REC'D BY REGISTRAR FROSTBURG. MD. VR A15 (4) 20 M 1/66 60 W. MAIN ST. HOME.



MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06238 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) pletely filled in by the funeral karban papers. Pages 1 and o. COUNTY O. MERYLAND b. COUNTY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) arban papers. Pages 1 nt, within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) CUMBERLAND 2 DAYS **CUMBERIAND** IS RESIDENCE ON A FARMS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 230 ARCH STREET NO T MEMORIAL HOSPITA 3 NAME OF Middle 4. DATE First Last Month Doy Year DECEASED WILLIAM Everett HEFFER DEATH (Type or print) S. SEX DATE OF BIRTH AGE (In years IF LINDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED OCT.4,1895 last birthday) Manths Days Haurs MAIF WHITE DIVORCED 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done crematian, or remaval, and in COUNTRY? during mest of working life, even if retired) TINDUSTRY 1 KANSAS JUNCTION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EUGENIA OLIVER JOHN HEFFER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, prunknown) (If yes give war or dates of service) MEMORIAL HOSPITAL, CUMBERLAND. MD. 218-24-8640 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed Conditions, if any, which gave rise to immediate cause (o). DUF TO stating the underlying cause 4 may be retained by the haspital ar attending as the last. WAS AUTOPS! has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20d. INJURY OCCURRED Haur a.m. foctory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram 1000 = 1935, to 1000 = 1, 1966 that (1) (we) last 3 shauld 1966, and that death accurre of ot all AM, fram causes and an the date stated above saw the deceased alive and 22o. SIGNATURE 22b. DAJE SIGNED director, page 3 should be filed DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DURRE 36 VIRGINIA AVE. CUMBERLAND, MD 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BIREMOVAL (Specify) May 26. Rose Hill Cemetery 196 Cumberland, Md. 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 James F. Scarpelli, Cumberland, Md.

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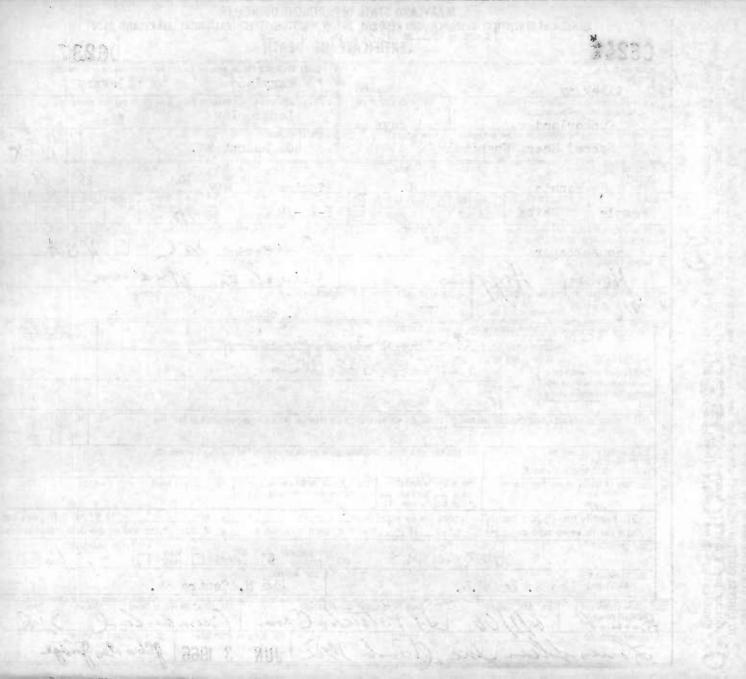
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06240 within 24 haurs after death. impletely filled in by the funeral ve carban papers. Pages 1 and event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence MARYLAND ALLE EGANY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)

MEMORIAL HOSPITAL d. STREET ADDRESS IS RESIDENCE ON A FARM? 513 PATTERSON AVE. NO X 3. NAME OF Middle please remave carban First 4. DATE Month Day Year attending physician and campletely permit. Then please remave carban DECEASED MAY 24 66 HENDLEY OTHALIA Alma 19 Type or print) DEATH requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH S. SEX 7. MARRIED **NEVER MARRIED** birthday) Hours MARCH 22,18 WHITE FEMALE any WIDOWED DIVORCED 1Db, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Noa. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Practical nwrse SOUNTRY? MARYLAND and Eckhart Informary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, CLARA SCHELL WILLIAM MURRAY Cumb. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ng, prunknawn) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. permit. 218-32-8526 crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gave (b) rise to immediate cause (o). DUE TO stating the underlying cause has been sise as the lith priar take attending lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION far use af Health NO by the haspital ar this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 2Do. ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 2De. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While ot work ot work TO FUNERAL DIRECTOR: After 5/24, 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 719656APO.M. Page 4 may be retained ploods 19 66, and that death accurred at 1:45 PM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22g. SIGNATURE **ATTENDING** M.D. PHYS. DIRECTOR be filed 22d. ADDRES 22c. PHYSICIAN'S CENTRE ST. CUMB. MD. P. WILLIAM NAME (Type) director, 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BUTCAL (Specify) Cumberland Allegany 5/27/66 Rose Hill Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) H. Dayne George Cumberland. 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 e. IS RESIDENCE hospitel, give street eddress) ON A FARM? NO V YES T Middle DAT Day Month DECEASED OR DEATH (Type or print) AGE In year IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last buttidey) Months Devs Hours USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if retired) 13. FATHER'S NAME EVER IN U.S. ARMED FORCES? (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and k PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Conditions, if eny, which gave rise to immadiate cause DUE TO (a), steting the underlying ceusa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO F CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Typa) (Steta) 23a. BURIAL, CREMANON, 23b. DATE THEREOF NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA VR A15 (4) 15M 9/60

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06244 death 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY ALLEGANY COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND haurs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CUMBERLAND CUMBERLAND l Dav d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)

MEMORIAL HOSPITAL filled in I d. STREET ADDRESS e. IS RESIDENCE ON A FARM? remave carban papers. and in any event, within 72 119 Grand Avenue NO F YES 3. NAME OF Middle 4. DATE Month Year campletely DECEASED WALTER S. HOLTZMAN MAY 66 19 DEATH (Type or print) be executed AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Months Hours 9-18-1895 WHITE DIVORCED WIDOWED MALE 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) COUNTRY? ease during mast af warking life, even if retired) **INDUSTRY** WEST VIRGINIA Retired Paint Contractor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, GEORGE W HOLTZMAN NEWCOMB MINNIE Address 179 Grand Avenue 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death permit. (Yes, no, or unknown) (If yes give war ar dates af service) 220-07-6318 Mrs. Pearl Holtzman Cumberland. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line-to; (a), (b), and (c) signed by the burial-transit p ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the last 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County, (State) at wark Hour a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) oftended, the deceased from. director, page 3 shauld should be filed with the M. from couses and on the date states above and that death occurred at 3:3 saw the deceased alive on 22b. DATE SUSNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22C PHYSICIAN' 236 VIRGINIA AVE. CUMBERLAND, MD NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. REMOVAL (Specify) Cumberland Allegany Maryland Hillcrest Burial Park 5/11/66 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) Ruth E. Silcox Cumberland Maryland 21502

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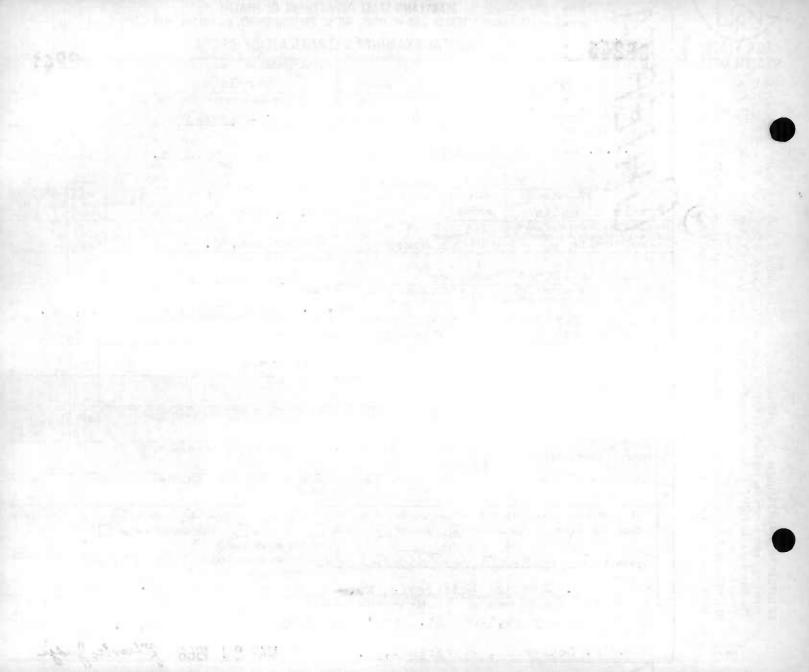
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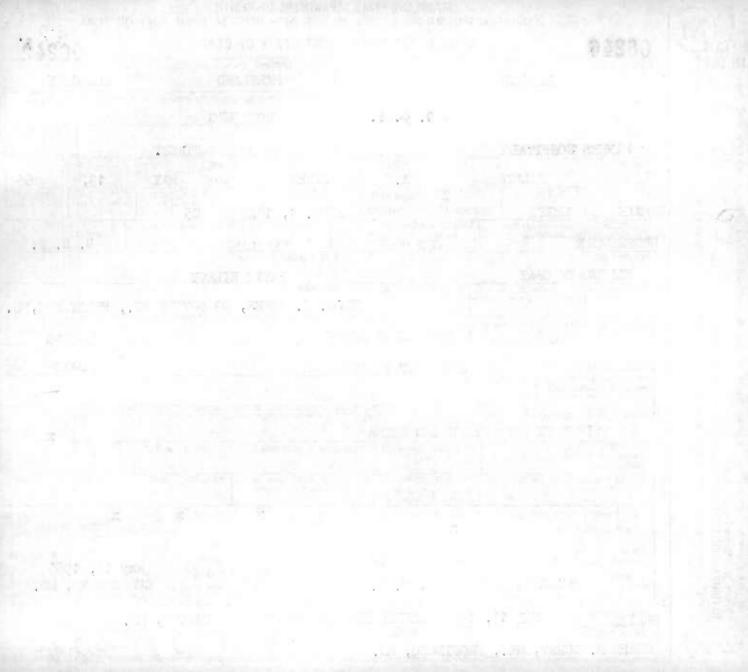
VR A15ME (5)

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

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aı	וזע	Housew:	life even if retired)	3 4 7	Own	Home Home		Cumber	laı	nd, Md.		US	ITRY?		
	13.	FATHER'S NAME			Ž.			14. MOTHER'S MA	AIDEN	NAME					
			am Alfred						cel	Ambrose					
	1S. (Ye	s, no, or unknown)	ER IN U.S. ARMED FORCE (If yes give wor or dot	ES? es of service)	16. SOCIA	L SECURITY NO.		NFORMANT			Addre				
_	_	no					M	· W. Mo	nro	e Hymes,	Cum	berlan			
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		stating the unde		OUE TO											
		last.	IGNIFICANT CONDITION	(c)	UC TO DE	ATH DUT NOT DELATED	TO 1	HE TERMINAL DICE	ASE COL	NOTION CIVEN IN DA	DT 1(a)		19 W	29OTHA 2	Y
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	Д	SIGNATURE	seved	ul	PRU	arelie	_			AL EXAMINER	May	21,19	00		
		EXAMINER'S NAME (Type)	Dr. Bene	dict S	kita	relic MT).	Address	(Street	t, city, town, ar caun	ty) Rt.	9 Cum	berl	and	
		BURIAL, CREMATI	ION, 23b. DATE			c. NAME OF CEMETER				23d LOCATION			ounty)	(Stote)
	I	REMOVAL (Specif	Y) May 2	4,196	6 S	t. Mary's	5 C	emeterv		Cumber By REGISTRAR	land	Ma			
	24	. FUNERAL DIRECT	OR			ADDRESS		ŽSo	o. REC'I						
		James F	. Scarpel	Lli, C	umbe	rland .Md .		DA	MAY	2.4 1966	970	liarle	, Jus	Lee	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06246 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY 3 to ot MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and D. O. A. FROSTBURG FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Give Pages 1, MINERS HOSPITAL NO X 99 BOWERY STREET YES 3. NAME OF Middle First 4. DATE Month Doy Year DECEASED NELLIE **JAMES** A. MAY 13, 19 66 within (Type or print) DEATH after S. SEX 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Hours FEMALE WHITE WIDOWED DIVORCED SEPT. 1. 1940 haurs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. A. during most of working life, even if retired)
HOUSE WORK **INDUSTRY** OWN HOME 24 dny MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ ELLSWORTH GRAY KATIE KILROY 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address be executed ar remaval, THOS. J. JAMES, 99 BOWERY ST., FROSTBURG, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: HOURS DEATH HEPATO RENAL SHOCK IMMEDIATE CAUSE (o) writing the ward shauld burial, cremation, DUE TO DAYS Conditions, if ony, which gove ACUTE FATTY LIVER rise to immediate couse (a). DUE TO certificate stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? PULMONARY CONCESTION AND EDEMA YES 3 NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X. Inquiry X and in my apinian death resulted fram: Natural causes 🔀 🗸 Accident 🗍 Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE X May 13, 1966 O DEPUTY DEPUTY MEDICAL EXAMINER Б **EXAMINER'S** BENEDICT SKITARELIC. M. D. CUMBERLAND, MD. 5 may 70 FUNE Health Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BURIAL (Specify) MAY 16, 1966 LAUREL HILL CEMETERY BARTON. MD. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. VR A15ME (5) 1966 JOSEPH R. DURST, SR., FROSTBURG, MD.



1 1	MARYLAND STATE I Division of STATISTICAL RESEARCH AND RECORD	DEPARTMENT OF HEALTH	DVI AND
FOR STATE	08247 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	06243
HEALTH DEPT.	1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	
Page NI	Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporete limits, write RURAL and	•
tor your doing	Frostburg	Lonaconing	01-1
der Soar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Miners Hospital	d. STREET ADDRESS State Street	ON A FARA
he fun retaine se Stat death	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
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in 24	Matthew Jones	Mary Waddell	
h form mit. Fi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. No. 17. (Ifyes giva wer or deleas of service)		MD.
Item Wit Wit Per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	(WIFE)	INTERVAL BETWEEN
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fical fical to TO	21. I certify that I took charge of the remains described above, I		and in my opinion
RECe	death resulted from: Natural causes , Accident , Su	icide , Homicide , Undetermined manner .	
forw forw ated	SIGNATURE Devedict Skitarel		5/1/1966
PUTY I secute fuld be full be	EXAMINER'S NAME (Type) Benedict Skitarelic	Address (Street, city, town, or county)	
Shour FUN	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
0 4 6 p	Burial 5/4/1966 Frostburg	Memorial Park Frostburg, A	D.,
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission 1. PLACE OF DEATH . COUNTY a. STATE b. COUNTY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) FROSTBURG ${ t FROSTBURG}$ d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) ON A FARM? YES NO T HOSPITAL 3. NAME OF Middle DECEASED OF (Type or print) DEATH 19 66 RITTH JONES 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | WIDOWEDY DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) .F.D. MEYERSDALE PA HOUSEWIFE OWN HOME 13. FATHER'S NAME AGNES SUDER LEWIS KNEPP 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address FROSTBURG, MD. (Yes, no, or unkown) i (Ifyes give werer detes of service) MRS. SARA STEINA 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) gove rise to immediate cause metire portal system DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work 21. | certify that (I) (this hospital) attended the deceased from..... and that death occurred a 300 M, from the causes and on the date stated above. saw the deceased alive on way 2219 (06 22b. DATE 22e. SIGNATURE ATTENDING. SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) B. DAVIS. M.D. BROADWAY, FROSTBURG, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURIAL, CREMATION, | 23b. A15 (4) 15M 7-62

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JOHN B. DAVIS, M.D. 2 BROADWAY, FRUSTBURG, MD.

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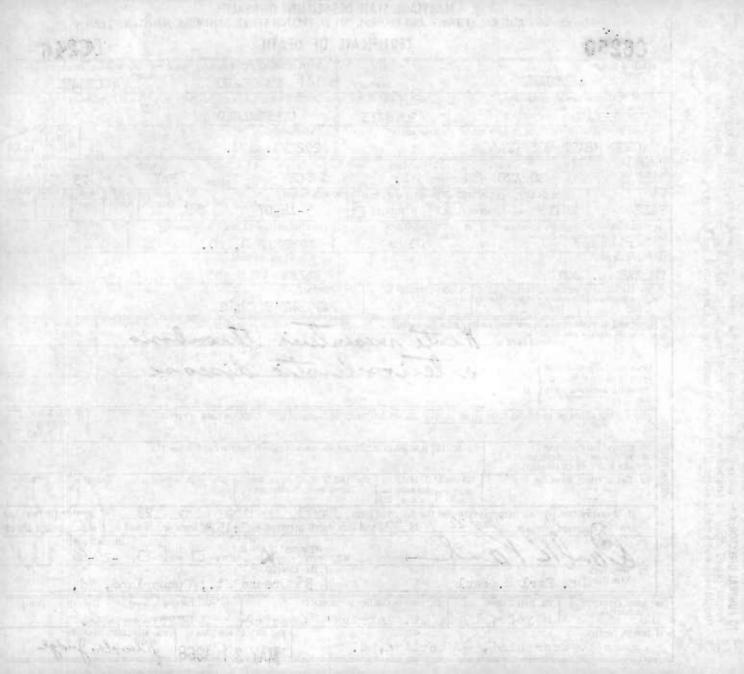
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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
(M)	06249	CERTIFICATE OF DEATH	R
	1 PLACE OF DEATH		

Reg. Dist. No. 06245

1. PLACE OF DEATH d. COUNTY	Allegany		MAR	YLAND 2.	o. STATE	NCE (Whe	,	lived. If instituti b. COUNTY	101	ce before		on)
RURAL ond give ne	outside corporate limi orest town)	is, write c.	LENGTH OF STAY	IN 1b				ote limits, write F	RURAL ond o	give neares	st town)	,
	nberland Al (If not in hospilol, g	rive street odd	racel		d. STREET ADD		erland			- 0	IS RESI	DENICE.
OR INSTITUTION	699 Gepha						ephart	Dr.			ON A	FARM?
3. NAME OF DECEASED	Fir	'st	Middle		Lost		4. DATE OF	Moi	nth	Doy	Y	POr
(Type or print)	Thoma	rs	Franc	is	Jones	100	DEATH	May		14.	1.	966
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 8. D	ATE OF BIRTH	7	9	. AGE (In years				
Male	White	WIDOWED [DIVORCE	ED 🗆	10/11/1	895		10st birthdoy) 70 yrs.	Months	Doys 1	lours	Min.
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Foreman	ing life, even if retired	, ,	Construct	ion	Bro	okluv	2. N.	У.		u. s	. A.	
13. FATHER'S NAME	•		707707070		4. MOTHER'S MA	-		-				
	Richard Jo	ones						Donovan				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOC	CIAL SECURITY NO). 17. INFO	RMANT			Add	ress			
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gove rise to in couse (o), stoting to lying couse lost.	nmediate (ic Bronc	hitis	and Pulr	monar	y Empl	hysema.		Yea		
PART II. OTH 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	/							EN IN PAR		WAS APERFOR	WED5
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY O	CCURRED. (E	nter noture of in	njury in Po	ort I or Port I	l of item 1B.)				
Y 20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While of work	Not while ot work	20e. PLACE foctory	OF INJURY (Hon, street, office bl	me, form, dg., etc.)	20f. (City o	or town)	(0	County)		(Stote)
7.5	attended the	11			., 19	to May	ilar	Lith19 66	that I	last saw	the o	deceased
alive on <u>May</u>	THUIN	19 66	, and that	death oc	curred at 4.					ne date		
ACTUAL 2	. 14	M	//		1 - 1			et, city or town,	stote)		DA	TE SIGNED
SIGNATURE	of sur!	200	some !	M.D.				ic St.,			5-10)-66
PHYSICIAN'S Wy	rand F. Doe	erner,	Jr., M.D	•	Cumi	berla	and, M	d.	iles			
220. BURIAL, CREMATION REMOVAL (Specify)	5/17/6		C. NAME OF CEM	ETERY OR CR		2		on (City, town, berland			(Stote)	
23. FUNERAL DIRECTOR'S			ADDRESS	- G rau		DEC'D	BY REGISTRA		STRAR'S SIC	NATURE		-
	Wayne Ger	7400	Cumberla	und. Md		MAY	231	966 40	liand	63	age	

CERTAIN AVENCE DEATHER. CLIES THAT The this property of the said the said



PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence a. COUNTY b. COUNTY Allegany Tucker 2 P MARYLAND and b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) Lonaconing Parsons d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Kyle Nürsing Home YES NO 3. NAME OF Middle Last 4. DATE Month Year DECEASED OF (Type or print) DEATH May 8th, 19649 George Judy 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) car Months Male WIDOWED TO White 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLAGE (Coun foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Lumberman Woods Retined 11. S.A. 13. FATHER'S NAME harles Variel Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Kule Nursing Home, Longfornial WEEN No Regards At 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 0 PERFORMED? YES T NO T use 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part I or Pert II of item 18.) OF CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tached Month, Dey, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour a.m. Not While ö det et work et work DIRECTOR: Dept. 21. I certify that (I) (this hospital) attended the deceased from....... State saw the deceased alive on ... Y. N.C. 22e. SIGNATURE 22b. DATE SIGNED PHYS. DIRECTOR M.D page with th HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ONACONING filed v 23e. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF J. g. REMOVAL (Specify) Leadmins. lucker ! Leadmine ! emeteru 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S VR A15 (4) 20M S-63

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

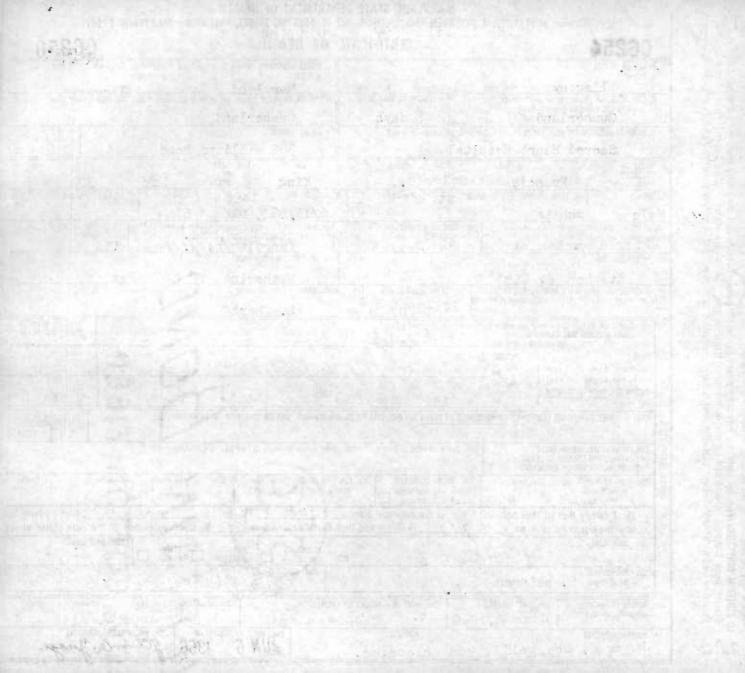
MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY 2, and 3 to PM3. Page Department of Maryland Allegany Allegany
b. CITY OR TOWN (If autside carparote limits, MARYLAND c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland years Cumberland d. NAME DF HOSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm haurs in Item 18. Give Pages 1, 22 Potomac Street Memorial Hospital YES NO THE This certificate shauld be executed within 24 haurs after death. 3. NAME OF Last 4. DATE Year DECEASED 66 Keller Elliott May with the Jacob DEATH (Type or print) 9. AGE (In years S. SEX 8. DATE DE BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6 dast birthday) Manths Hours July 11, 1896 Male White WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Retired Carman Railroad Chambersburg. Pa. in pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha E. Elliott Martin L. Keller File 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dotes af service) ar remayal, Mr. Harold E. Keller, Hagerstown, Md. -Son INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Contusions of Brain, Subdural Hemorrhage IMMEDIATE CAUSE (o). writing the word burial, crematian, DUF TO Skull Fracture 11 Conditions, if any, which gove rise to immediate cause (a). DHE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? YES A NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Mesenteric Thrombosis, terminal please execute the certificate. agent, prior ta 20a. EXTERNAL CAUSE WAS PRIMARY

Torright of Contributing □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) Fell from Ladder at Home AL EXAMINER: CAUSE DE DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While at wark 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work May 24 19 66 Cumberland, Alleg. Md. 21. I certify that I taak charge of the remains described obove, held an Autopsy XX, Inspection XX Inquiry X, and in my apinion deoth resulted from: Natural causes -Accident XX Suicide , Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER May 28, 1966 SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Rt.9, Cumberland Dr. Benedict Skitarelic. M.D. 5 may brown Fro Funes Address (Street, city, tawn, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23h DATE THEREOF (Caunty) BUT 12 (Specify) May 31, 1966 Hillcrest Burial Park Cumberland, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR ATSME Scarpelli. Cumberland. Md. Ocharles Judge 1966

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If Institution; Residence before admission) a. COUNTY a. STATE # 7 th HILEGANY
b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland maryland Allegany
c, CITY OR TOWN (If outside corporate limits, write RUNL and give nearest town) and c. LENGTH OF STAY IN 16 RURAL and give nearest town) umberland umberland d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Washington Washington YES NO TO 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH 1966 ace 112 B. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years HE UNDER 1 YEAR NEVER MARRIED 7. MARRIED last birthday) | Months Days Hours WIDOWED DIVORCED 63 YES. 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State, or loreign country) Maryland 9 13. FATHER'S NAME 15. WAS DECEASED EVER INLU.S. ARMED FORCES 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of sarvice) Cumberland, md. Margoret Kelly 18. CAUSE OF DEATH |Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN wa of left freeze with metasteses to the PART I. DEATH WAS CAUSED BY: Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) factory, straat, offica bldg., atc.) While Not Whila Hour a.m. at work at work OR: 19 10 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on..... afine 22b, DATE 22a. SIGNATA ATTENDING \ MED. DIRECTOR PHYS. M.D. death. Page 4 page with t HOSPITAL 22d. ADDRESS Theene ector, filed 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Md. 京寺 55 Peter & Paul Cemetery Cumberland TO Burial 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cumberland, Md. 15M 9/60

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	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
IVI		6250
ollei dedi	1. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence below. STATE b. COUNTY	fare odmissian)
52	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland O /	rest town)
52	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 362 Williams Road	e. IS RESIDENCE ON A FARM? YES NO
		Oay Year 19 66
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1898 9. AGE (In years lost birthdoy) Months Doy Months Doy	R IF UNDER 24 HRS.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist RR Railroad 10b. KIND OF BUSINESS OR II. BIRTHPLACE (Cauchy & Stote, or foreign country) Country Country Thing Itown 4/W4/Va/ USA	OF WHAT
	13. FATHER'S NAME Stephen F. King Catherine ? McCamley	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, qrunknown) (If yes give wor or dotes of service) 705-09-9520 Pt. Chart	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	ONSET AND DEATH
	Conditions, if ony, which gove is to immediate couse (o), (b) Myocardial infantion	3 week,
	storing the underlying cause (c) artenoselesatic Heart Orsace L	Cuck
0	NOTES TO THE PROPERTY CONTINUES CONTRIBUTION TO DEATH BUT NOT RECEIVED TO THE TEXAMINED DISEASE CONDITION OF THE TEXAMINE	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.)	
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 20d. INJURY OCCURRED While at work at wark foctory, street, affice bldg., etc.) 20f. (City ar town) (County)	(State)
	21. I certify that (I) (this haspital) attended the deceased fram 3/2-, 1966, to 5/30, 1966, saw the deceased alive an 5/29 1966, and that death accurred at 1200 M, fram causes and an the deceased alive an 220. SIGNATURE	
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DISTAFF 224 ADDRESS 224 ADDRESS	31/66
1	NAME (Type) S. Weisman 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caure	
8	PREMOVAL(Specify) June 2,1966 St. Mary Cemetery Cumberland, Md. A 24. FUNERAL DIRECTOR ADDRESS 25. RECCD BY REGISTRAR 25b. REGISTRARS SIGNAL	llegany
11/2	James F. Scarpelli, Cumberland, Md. 1966 gclarles	mage



FOR STATE-HEALTH DEPT.

O DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

-	003330	144	LDIOF	TE EVAMINATIVE	OFILI	HIGHI	E OI	DEATH		77 10	2K	4
1.	PLACE OF DEAT	H			2. USI	JAL RESIDEN	ICE (Wher	e deceased lived, If in	nstitution:	Residence	before at	imission)
	a. 000HTT	Allegany				STATE		b. cot				
	b. CITY OR TOW	/N (If outside corpora	la limits.	MARYLANI	1h C CITY	OR TOWN (rylar	orporate limits, v	Alleg	any	vo nasro	et town)
	Write RURAL	and give nearest tow	n)		L. C. C.				IIILO KUKA	and Ri	re lieares	st town)
		erland		Years		Cu	mberl	land		01-	1	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not I	n hospital, give street addre	ss) d. STRI	ET AODRESS					ON A	IDENCE
	60,	4 Winifred	Road			604 W:	inifr	red Road			YES .	NO KX
3.	NAME DF DECEASED	FI	rat	Middle	L	ast	4. D/	ATE Mon	th	Day	Yea	ar
	(Type or print)	Ros	a	Belle	Kin	g		EATH May		15	19	66
5.	SEX	6. COLOR OR RACE	7. MARRI	EO NEVER MARRIED		OF BIRTH		9. AGE (In years				
Tr	emale	White	WIDOWI	ED X DIVORCED	1 4	20 11	doo	last birthday)	Months	Daya	Hours	Min.
10a	USUAL OCCUPAT	ION (Give kind of work		. KIND OF BUSINESS OR		29, 18		76 yrs.	1 12 (TITITEN	OF WHAT	
durl	ng most of work	ing life, even if retire	d)	INOUSTRY	11. 0	MINITAGE (State of 1	ioreign country)	12. 0	OUNTRY	?	
	Housew:	ife				Maryla				US	A	
13.	FATHER'S NAM	E			14. MC	THER'S MAI	DEN NAM	E				
		Joseph El	lawor	th		Demo	Robi	nette				
15.	WASDECEASED	EVER IN U.S. ARMED FO	RCES? 1		7. INFORMA	NT	HODI	Addre	ass D	2.4	2 2	
(Ye		(If yes give war or dates o						Route	5, Bo	X 14	3 Ur	esap
-	No			217-28-7558	Mrs. A	ileen	Hendr	a, Park,	Cumbe	rlan	d, M	d
-1				r line for (a), (b), and (c).]						INTE	RVAL BET	WEEN
-1	PART I. DE	TATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	CORONARY	OCCLUS	SION				5	DANE	1
	4201	DUE				all the						
	Conditions, If		(b)	CORONAR	V SCII	ROSIS					191	
	gave rise to		,	CONTONAL	T OOT	210010						
	cause (a), si		10									
_	underlying caus		(c)	DUTING TO DOLLAR DUTING								
MEDICAL CERTIFICATION	PARTIT. OTHERS	SIGNIFICANT CONDITIO	MS CONTRI	BUTING TO DEATH BUT NOT R	ELATED TO TH	E TERMINAL	DISEASE	CONDITION GIVEN IF	NPARTI(a)	19. YE	WAS AU PERFOR	
	208. EXTERNAL	L CAUSE WAS	20b.	DESCRIBE HOW INJURY O	CCURRED. (Er	iter nature o	f Injury I	n Part I or Part II	of Item 1	B.)		
5	CAUSE OF DEAT	CONTRIBUTING [
A	20c. TIME OF	INJURY Month, Day,	Year 20d	. INJURY OCCURRED 20e.	PLACE OF INJ	URY (Home, f	arm. 20	f. (Clty or town)	(Co	unty)	(5	State)
	Hour a.r		Whi	lle Not While fa	ctory, street,	office bldg.,	etc.)					
≥ .				emains described above.	heid an Aut	opsy .	inspe	ction X, inq	uiry 🔭	and	in my	noinigo
	death result	ed from: Natural	causes 2	Accident ,	Suicide	, Homic		, Undetermined	1-46	_		
-1		1		Ta.	CI	HIEF MEDICA	L EXAMI	NER 🗀				
	ACTUAL	Beworks	at A	be Taxalia	/ un A	SSISTANT ME	OICAL EX	CAMINER [22.	DATES	SIGNED
	SIGNATURE			700000				INER XX May	15	1066		
	EXAMINER'S NAME (Type)	Benedic	t Ski	tarelic, M.D.				own, or county Cu			Ма	
23a.				23c. NAME OF CEMET				LOCATION (City,				ate)
	BURIAL, CREM REMOVAL (Spe Burial	ecify)							A 6.5		_	
0.4			, 196		Burial	Park	nes	r Cumberl	and,		ylan	id
24.	FUNERAL OIRE	(F. D.		ADDRESS				EGISTRAR 25b.				
Yo	Ku to at	tofer 230	Balt	o. Ave. Cumber	rland.	McMAY	20	1966 JECC	world) July	7	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Information CERTIFICATE OF DEATH 06256 6252 within 24 hours after death the funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) . ALLEGANY b. COUNTY VIRGINIA MARYLAND the attending physician and campletely filled in by the f sit permit. Then please remave carban papers. Pages b. CITY OR TOWN (If outside corparate limits, C. LENGTH-OF STAX-IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) CUMBERLAND WILEY FORD 46 MI d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 l MEMORIAL HOSPITAL YES NO TO 3. NAME OF Middle 4. DATE Last Year Twin II DECEASED DONALD MARK KLINE (Type or print) DEATH MAY requires that the death certificate be executed NEVER MARRIED S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS remave in any eve 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH last birthday) Months Days Haurs MALE WHITE WIDOWED DIVORCED 29.1966 12. CITIZEN OF WHAT 1Da, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) INDUSTRY COUNTRY? none CUMBERLAND, MD an 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal CHARLOTTE KLINE Donald Ray Self 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO Or MEMORIAL HOSPITAL CUMBERLAND. none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN cremat burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed Conditions, if ony, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying couse attending the this certificate has been priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health NO be retained by the hospital or lar 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH at (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram 19 6 9that (1) (we) last PM, fram causes and an the date stated abave director, page 3 shauld shauld be filed with the 19 66 and that death occurred of O FUNERAL DIRECTOR: saw the deceased alive on 22b. DATE SIGNED 22a. SIGNAT ATTENDING STAFF PHYS. May 2,1966 M.D. DIRECTOR 22d. ADDRESS Page 4 may J. Dawson, M.D. MAME (Type) Dr. Grenne Robert 500 St., Cumberland, Md. 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) (County) REMOVAL (Specify) May 2, 1966 Sunset Memorial Cumberland . Md. Park 24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66

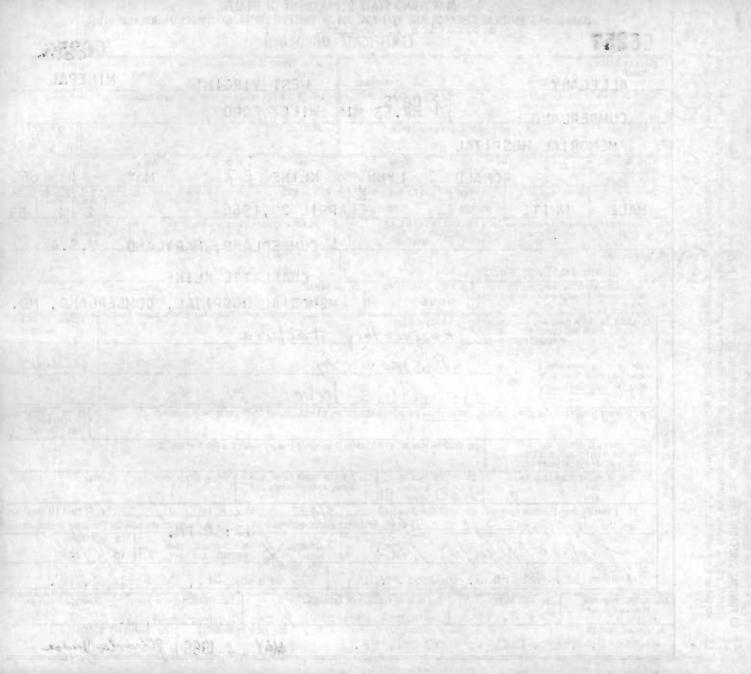
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06257 24 hours ofter death and filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MINERAL ALLEGANY MARYLAND WEST VIRGINIA b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) write RURAL and give nearest town) hours WILEY FORD CUMBERI AND bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO TX within please remove corbon NAME OF Middle 4. DATE Doy Twin I Year ond completely DECEASED LYNN KLINE MAY 19 66 RONALD (Type or print) DEATH requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Doys lost birthdoy) Months MALE WHITE WIDOWED DIVORCED 29.1966 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** the ottending physician sit permit. Then please none CUMBERLAND, MARYLAND 13. FATHER'S NAME or removal Donald Ray Self CHARLOTTE KLINE 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. MEMORIAL HOSPITAL, CUMBERLAND, MD. none INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse attending has been os the lost. 19. WAS AUTOPS)
PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES | NO be retained by the hospital or this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (Stote) (County) Hour o.m foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After ot work 1966 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. shauld 2 5 M, fram causes and an the date stated abave. saw the deceased alive on. 1966 and that death accurred at 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 66 over M.D. PHYS ADDRESS 22d. 22c PHYSICIAN'S Poge 4 moy NAME (Type) J. Dawson, M.D. 500 Greene St.. Cumberland, Md. Bobert director, should b 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) May 2, 1966 Sunset Memorial Park Cumberland, Ma. Buria 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 James F. Scarpelli, Cumberland, Md. 1966

6-20474



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06258 death. 24 haurs after death. filled in by the funeral papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY carbon papers. Pages 1 rent, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS MEMORIAL HOSPITAL 328 FAYETTE NO A requires that the death certificate be executed within DATE 3. NAME OF First Middle Lost Manth Ooy Year physician and campletely en please remove carbon DECEASED MAY KREMER IIXX 66 ELIZABETH G. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF 8IRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 10-24-1896 last birthday) Manths Haurs WHITE FEMALE WIOOWED **OIVORCED** 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) and S. MARYLAND A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, META BLOCK KRANKKX HOWARD GETINGER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, of upknown) (If yes give wor ar dotes of service UNKNOWN CUMBERLAND. MD. MEMORIAL HOSPITAL. INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave (b) rise ta immediate couse (a), DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Hame, form, 20f. (City ar town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. foctory, street, office bldg., etc.) Nat While ot wark ot work 21. I certify that (1) (this hospital) attended the deceased fram 19 66 , and that death occurred M. fram causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.O. PHYS. DIRECTOR 22d. AODRESS 22 PHYSICIAN'S GREENE ST. BLANE SCHINDLER NAME (Type) DR. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
BURTAL ELMWOOD CEMETERY SHEPHERDSTOWN. W. MAY 14.1966 24. FUNERAL DIRECTOR BYRON **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) KIGHT CUMBERLAND, MD. 1966 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death, 24 hours after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY s. Pages 1. a. STATE b. COUNTY Allegany

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Allegany MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) McCoole Westernport filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? within 133 Front Street Charles Boehmes YES NOK death certificate be executed within completely pou 3. NAME OF First Middle DATE Month Last Year DECEASED May. 28, 1966 (Type or print) DEATH Davis Lahman 19 George 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. and cor 5. SEX 8. OATE OF BIRTH 7. MARRIED NEVER MARRIED May.21.1876 WIOOWED OIVORCED [Mala White physician a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? Retired Machanic
13. FATHER'S NAME Medley . W. Va. U.S.A. Ba& OaRaRa 14. MOTHER'S MAIDEN NAME Nancy Jane McDonald Abraham Lahman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? l signed by the attend burial-transit permit. burial, cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Baltimore. Md. Waneta Uhler None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH (Daughter) PART I. OFATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, o DUE TO Cenditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. certificate hither than the dead for use of Health p PERFORMED? YES T NO 😿 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) etached f Dept. of this MEDICAL 20c, TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det DIRECTOR: After the age 3 should be defined with the State [factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. retained 19605 to 5 - 31 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at 1 . 3M Pointhe causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE filed ATTENDING PHYS. DIRECTOR Page 4 may O FUNERAL director, par should be fil PHYSICIAN'S ADDRESS 22c. 22d. R. W. Bess, Jr. M. D. NAME (Type) 23b. DATE THEREOF (State) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 Keyser.W.Va. Point Cemetery Burial 5-31-66 Queens 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADORESS** VR AI5 (4) Keyser .W. Va. 20M 1/65

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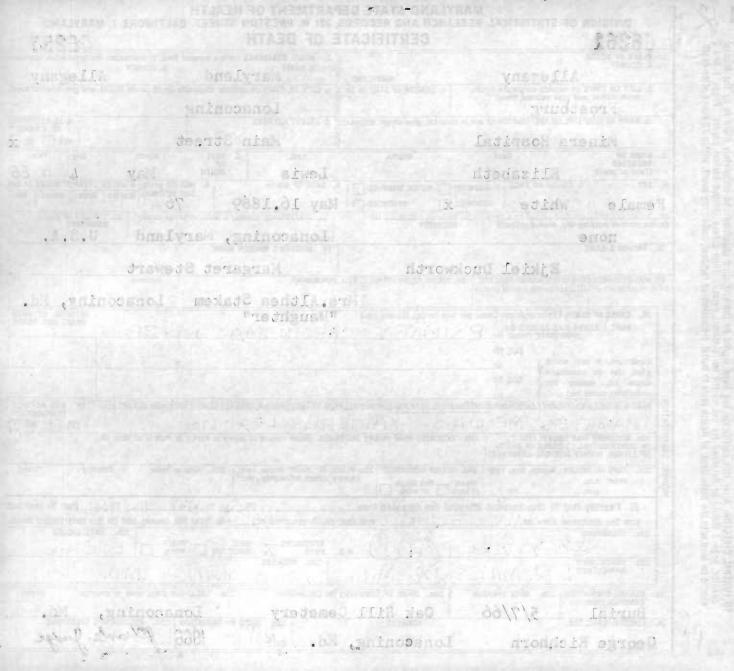
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany MARYLAND Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RDRAL and give nearest town) Department after death. cessary, le funeral b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Cumberland Years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) 5 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours 232 N. Centre St 232 N. Centre St No K death. If any dela e Pages 1, 2, and 3 vith form PM3. P 3. NAME OF Middle DATE Month Dev Year DECEASED (Type or print) DEATH Jessie Elizabeth Leasure 1966 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Hours I Female White WIDOWED X DIVORCED T July 16, 1889 EXAMINER: This certificate should be executed within 24 hours after dea cartificate, writing the word "pending" in pencil in Item 18. Give Pa should be forwarded to the Chief Medical Examiner's Office along with 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Housewife West Virginia S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Shanholtzer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. S File Almeda Durst 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Md No Margaret Leasure, 232 N. Centre St. Cumberland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH a burial-transit PART I. DEATH WAS CAUSED BY: Carcinomatosis1 generalized IMMEDIATE CAUSE (e) DUE TO Carcinoma of Rectum 2 years Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the CO underlying cause last. ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION WAS AUTOPSY PERFORMED? us to NO Z 3 should be agent, prior 1 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. While at work at work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: f Health or its design death resulted from: Natural causes X. Undetermined manner Accident Suicide Homicide Page 4 your CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER director. Paginetary SIGNATURE DEPUTY MEDICAL EXAMINER May 4, 1966 **EXAMINER'S** Benedict Skitarelic. M.D. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial of 0 May 7, 1966 Cumberland. Hillcrest Burial Park Maryland FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE A15ME (5) 230 Balto Ave., Cumberland, 1966 MCDATMAY

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22 Martin 1 (25) 232 N. Gostino it Johnson Markett Learning States | Heart States | Johnson of the last of the last the la And Billiam and Andrews And Andrews In the start of th termination of the Country of the Country of the Country of raitosi lo amontoral Bonodiet Skiterelie, M.D. to the transfer of the state of

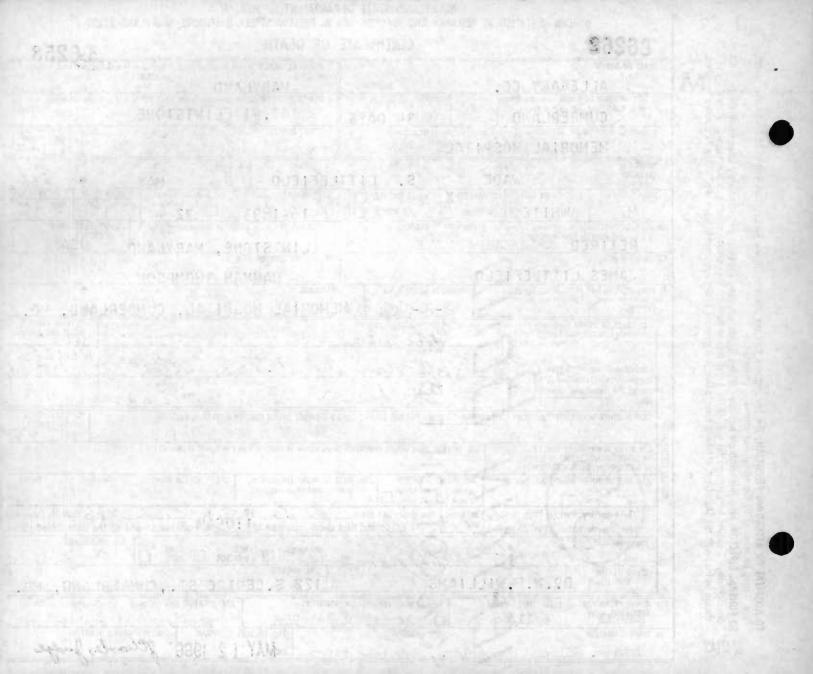
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MARYLAND-STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06262 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY er ALLEGANY CO. MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) ease remave carban papers. Pag and in any event, within 72 hours RT.#1 FLINTSTONE DAYS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL NO-K YES NAME OF First Middle 4. DATE Year Last Day DECEASED WADE S. LITTLEFIELD MAY 19 66 (Type or print) DEATH S. SEX IE UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Dovs Haurs WHITE WIDOWED DIVORCED 6-16-1893 10o. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY FLINTSTONE MARYLAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remaval, JAMES LITTLEFIFID HANNAH THOMPSON 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, na, or unknown) (If yes give war ar dates of service 203-07-1/15/1 MEMORIAL HOSPITAL CUMBERLAND. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (at. (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stating the underlying couse 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION YES NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) Haur a.m. factory, street, affice bldg., etc.) While Not While at work at wark 21. I certify that (1) (this hospital) attended the deceased fram 19 6 and that death accurred at 1:05 M. Fram causes and an the date stated above saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR.W.F.WILLIAMS 122 S. CENTRE ST. CUMBERLAND BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5/11/66 Hillcrest Burial Park Cumberland Alleg Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4): 20 M 1/66 Ochanter Ruth E. Silcox Cumberland, Maryland 21502

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Allegany Maryland b. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) Department after death. MARY! AND c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Cumberland Years
d. NAME OF HOSPITAL DR INSTITUTION (If not In hospital, give street eddress) d. STREET AOORESS e. IS RESIDENCE ON A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours a Bowmans Addition Bowmans Addition NO A 3. NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH MAY 18 1966 Edward Livingood 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) Months I Davs Hours Male White April 25, 1903 63 WIOOWEO XX DIVORCEO [1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Laborer S Maryland A pages u 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Truman Franklin Livingood Quillia Frances Albright File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT AdBowmans Addition permit. I Donald Miller, Route 1, Cumberland, Md. Yes W W 2 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN Sudden DEATH PART I. CEATH WAS CAUSED BY: used as a burlal-transit to burial, cremation, or Coronary Occlusion IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which Coronary Sclerosis gave rise to immediate OUE TO cause (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY CERTIFICATION PERFORMED? NO Z 3 should be agent, prior 1 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion death resulted from: Natural causes A. Accident Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X May 17. 1966 **EXAMINER'S** director. Benedict Skitarelic, M.D. Address (Street, city, town, or county) Cumberland. Md. NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 5 0 Burial Near Cumberland, Maryland, BY REGISTRAR 256, REGISTRAR'S SIGNATURE Judge. May 21, 1966 Davis Memorial Park 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR A15ME (5) 230 Balto Ave. Cumberland, Md.

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od,	Directions of the hospital or attending physician. JRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral ge 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 and 2 with the State Dept. of Health prior to burial, cremation, or removal, and in 349 event, within 72 hours after death		18. CAUSE OF DEATH [Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY:	(b), and (c).]	21		INTERVAL BETWEEN ONSET AND DEATH
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N. S.	d by th After t I be de State	33		ork 🔲	- 1/-	// //	> 64
1	ECTOR: A Should with the	39	21. I certify that (I) (this hospital) attended the de	ceased from		906, to May 2	玄, 19 <i>位位</i> , that (I) (we) last and on the date stated above.
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5	nay be retain L DIRECTOR: page 3 shou filed with th		(Yandhillow) M.D.	ATTENDING PHYS.	MED. DIRECTOR D STAFF PHYS.	Ney 24 1966
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deat completely filled in by the funeral gove corban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) DOA CUMBERLAND d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) SACRED HEART HOSPITAL 706 SHRIVER AVE. YES NO SE 3. NAME OF First Middle 4. DATE Last Month Year Doy DECEASED JOSEPH MACKERT MAY 14 66 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthday) Months Days Haurs 7-6-1897 MALE WHITE WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY the offending physicion sit permit. Then pleose pleose Retired Supt for Times & Alleganian Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes Logsdon (Deceased) Edward A. Mackert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknawn) (If yes give war or dates af service) PATIENT'S CHART 214-05-5342 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), 1b), and (c). signed by the burial-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4201 DUE TO Canditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying cause hos been os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES O FUNERAL DIRECTOR: After this certificate for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While ot wark 1966, ta Man 19 6 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 19 66, and that death accurred at 945 M, fram causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) S.S. Peter & Paul Cemetery Alleg Marvland Cumberland.

VR A15 (4)(20 M 1/66 24. FUNERAL DIRECTOR

H. Lee Silcox Cumberland Maryland 21502

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06266 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) lampletely filled in by the funeral ave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Mineral MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write_RURAL and give nearest town OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARMS event, within 72 Along St. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED 19 (Type or print DEATH awrence Tunian S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED last_birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please etrepolitar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maxson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Esther R. Maxson Rt. # Ridgeley, W. Va 217-10-5678 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c).) burial-transit ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? far use TO FUNERAL DIRECTOR: After this certificate NO X O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or YES 2Do. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work shauld be 21. I certify that (1) (this hospital) attended the deceased fram 192, that (I) (we) last ta and that death occurred at saw the deceased alive on_ M, fram causes and an the date stated above 220. SIGNATURE 22b, DATE SIGNED MED. DIRECTOR director, page 3 should be filed M.D. 22c. PHYSICIAN'S 22d. ADDRESS Blane M. Schindler. M. D. NAME (Type) 43 Greene St. Cumberland. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 5/18/66 Maplewood Cemetery Elkins. Randolph Co. W. Va. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 H. Wayne George Cumberland, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

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	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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	Female White WIOOWED XX O	IVORCEO May 18, 1895	70 yrs.
10	USUAL OCCUPATION (Give kind of work done IOD. KIND OF BUSHING most of working life, even if retired) INOUSTRY	NESS OR 11. BIRTHPLACE (County	& State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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1	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITYNO. 17. INFORMANT	Addressmberland, Md
`	No.	Franklin J. McEl	
ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	unerslived see	storetes sweek
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MEC	p.m. 19 at work at wor	k L	
	21. I certify that (I) (this hospital) attended the dece	ased from may 1, 1964	5 to 2004 12, 1965 that (1) (we) las
Н	saw the deceased alive on may 12 19	and that death occurred at 9:00	M, from the causes and on the date stated above
	22a. SIGNATURE	ATTENOING - MED.	STAFF D 9 12 1001
Н	and and Alvery	M.D. PHYS. MED. OIRE	CTOR PHYS. May 13,1966
	22c. (PHYSTCIAN'S NAME (Type)		77 N- 71
=	A Paige Strong, M.I a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAM	Grantsvi	lle, Maryland 23d. LOCATION (City, town or county) (State)
23	REMOVAL (Specify)		Cumberland, Md
-	Burial May 16, 1966 Hill	crest Burial Park	BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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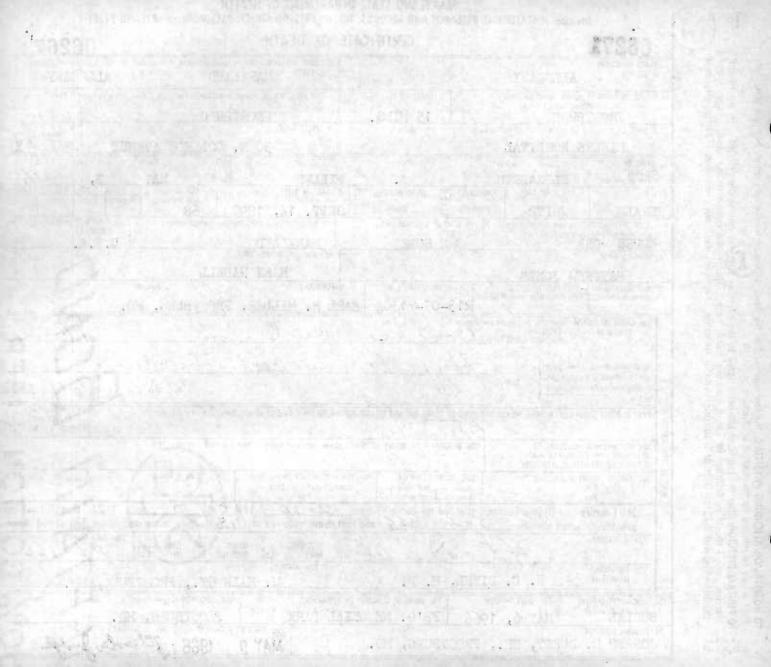
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deoth funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY remove corbon popers. Pages 1 in any event, within 72 hours ofter MARYLAND in by the Poges b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? filled MEMORIAL HOSPITAL NO V П NAME OF Middle please remove corbon First 4. DATE Dov Year DECEASED MULLEN MAY 66. FRANCIS 19 Type or print DANIFI DEATH 6. COLOR OR RACE AGE (In years IF LINDER YFAR LINDER 24 HRS 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthdoy) Dovs Hours MALE WHTTE -1-1891 WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired)
Attorney COUNTRY? ottending physicion permit. Then please puo MT. SAVAGE, MD. hession #3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, ar removal, HUGH A. MC MULLEN ANNA M. MULLEDY WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war or dotes of service CUMBERLAND. 217-10-7433 MEMORIAL HOSPITALes CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH SHALL INTESTINE IMMEDIATE CAUSE (a) DUE TO ESENTERIC OCCLUSION Canditions, if any, which gave (b) rise to immediate couse (a) DUE TO ARTERIOSCLEROSIS stating the underlying cause the 00 WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Page 4 may be retoined by the hospital or this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home: form: 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, affice bldg., etc.) 19 O FUNERAL DIRECTOR: After 19 50 ta 21. I certify that (1) (this haspital) attended the deceased fram 1966 , that (1) () last director, page 3 should should be filed with the 66, and that death accurred at 5:45M, Front courses and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATESIGNED **ATTENDING** M.D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 59 GREENE CUMBERI AND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 5/18/66 SS. Peter & Paul Cem. Cumberland. Maruland ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATI 24. FUNERAL DIRECTOR VR A15 (4) H. Wayne George Cumberland, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Allegany Marvland Allegany MARYLANO Department after death. funeral may be CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Cumberland Cumberland vears the d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 5 DN A FARM? 464 Columbia Street 464 Columbia Street NO V YES and 3. NAME DE DATE First Month Year Middle Last Day DECEASED M (Type or print) DEATH Joseph 19 66 es 1,7 May 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE OATE OF BIRTH 7. MARRIED Y NEVER MARRIED death. I last birthday) Months I Davs Hours 1 NE DIVORCEO Male WIDOWEO White l and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? -Night Watchman
13. FATHER'S NAME Maryland U.S.A any Contracting Co. Cumberland Ma pages in any hours Joseph Metz Deema Robinetta File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITY NO. 17. INFORMANT (Yes. no. or unkown) (If yes give war or dates of service) permit. removal, " in pencil in Examiner's EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is Columbia St. Unknown Marv Sweitzer INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, 0 Medical DUE TO Conditions, If any, which (b) gava rise to immediate DUE TO cause (a), stating the he certificate, writing the word should be forwarded to the Chief 7 used as a to burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES [20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should tagent, price 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home. farm.) (State) MEDICAL 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While Page at work at work designate 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection X. FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER 4 for your ASSISTANT MEDICAL EXAMINER _ May 2 execute Page ACTUAL SIGNATURES 07 DEPUTY MEDICAL EXAMINER O DEPUTY **EXAMINER'S** director. Madress (Street, city, town, or county) TARE NAME (Type) NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. OATE THEREOF 23c. REMOVAL (Specify) 0 Maryland 25a. REC'D BY REGISTRAR REGISTRAR'S VR ALSME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY ALLEGANY ALLEGANY MARYLAND MARYLAND CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) FROSTBURG FROSTBURG 15 MINS. e. IS RESIDENCE ON A FARM? filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MINERS HOSPITAL 30 E. COLLEGE AVENUE NO X and in any event, within 3. NAME OF Middle 4. DATE Month Day Year remave carbon First DECEASED ELIZABETH 19 66 MILLER MAY DEATH (Type ar print) IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Hours DIVORCED WIDOWED FEMALE WHITE 1897 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar fareign country) COUNTRY? during mast af working life, even if retired) **INDUSTRY** HOUSE WORK MARYLAND U.S.A ceramente OWN HOME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar removal, the attending hay MARY WADELL MATTHEW JONES 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death (Yes, no, or unknown) (If yes give wor ar dates of service 213-05-7130A EARL R. MILLER, FROSTBURG, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While Haur a.m. 19 at wark 1960, ta 5-3, 1966, that (1) (we)-last 21. I certify that (I) (this hospital) attended the deceased fram 2-10, 1960, ta 3-3, 1966, that (I) (we) last saw the deceased glive an 1966, and that death accurred at 118 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f H. C. DIEHL, M. D. NAME (Type) W. MAIN ST. FROSTBURG. MD 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) BURTAL (Specify) MAY 6, 1966 FB'G. MEMORKAL PARK FROSTBURG, MD. 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 JOSEPH R. DURST. SR. FROSTBURG, MD. MAY 9



BALTIMORE 1. MARYLAND . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outs OF STAY IN 16 outside corporete limits, write RURAL and giva ON A FARM? 3. NAME OF DATE DECEASED (Type or print) IF UNDER 1 YEAR 6. COLORIOR RACE NEVER MARRIED Months Deys Hours WIDOWED X 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (Yas, no, or unkown) | (Ifyesgivawerordetesofservice) Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH CORONARY Occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Selevosis DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying cousa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO X pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS EXAMINER: PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, (Stete) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., atc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Undetermined manner Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER DATE, SIGNED should be for ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1C ADAddress (Street, city, town, or county) NAME (Type) 4 shoul
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06273 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF OFATH O. STATE MARYLAND a. COUNTY b. COUNTY lease remove carbon papers. Pages 1 and in any event, within 72 hours ofter MARYLAND ALLEGANY ALLEGANY in by The Pages b. CITY OR TOWN (II autside carparate limits, write RURAL and give nearest town) CUMBERLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled 224 COLE STREET MEMORIAL HOSPITAL NO I YES 3. NAME OF First Middle 4. DATE Last Year Doy and completely DECEASED LAWRENCE MILLER 1966 MAY (Type or print) OEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. OATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO last birthdoy) Days Months Haurs SEPT.28, 1880 WHITE MALE WIDOWED DIVORCEO 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? physician Retired Celanese Worker MARYI AND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en ISAAC MILLER LUCINDA STREET attending p IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add ZZ Cole St Cumb'd G Miller Nellie permit. (Yes, na, ar unknawn) (If yes give wor or dates of service) 0 HOSPITAL. CUMBERLAND. MD. 214-07-2284 Mexican War Navv cre motion, INTERVAL BETWEEN signed by the c buriol-tronsit po 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND OFATH PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause hos been see os the directar, page 3 shauld be detoched for use os the should be filed with the Stote Dept. of Health prior to last 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Punionici NO YES FUNERAL DIRECTOR: After this certificate Poge 4 moy be retained by the hospital or 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While factory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram 19.66, that (I) (We) last 3 shauld and that death accurred: an a A. M. fram causes and an the date stated above saw the deseased alive an Mo 220. SIGNATURE 22b. DATE SIGNEO DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (TYPE CUMBERLAND 23a. BURIAL, CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Cumberland Greenmount Cemetery Allegany Md 9 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 230 Baltimore Ave., Cumberland 20 M 1/660

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. CQUNTY Maryland Allegany MARYLAND Legany b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give nearest town) Ö 68 years Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Sacred Heart Hospital -- DOA State YES NO T 412 Furnace 3. NAME OF Middle 4. DATE Month Dev Yeer DECEASED OF (Type or print) DEATH 1966 Walter Mowerv May 9 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours WIDOWED DIVORCED June 10. Male 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. A. Pa. B&O Railroad Transportation Everett pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Reddinger Joseph R. Mowery
Was deceased ever in u.s. Armed forces? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Mary J. Johnson 412 Furnace St. 18. CAUSE OF DEATH |Enler only one cause per line for [e], [b], and (c).] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Occlusion Coronary IMMEDIATE CAUSE (a) DUF TO O Sclerosis Coronary Conditions, if eny, which gave rise to immediate cause ro DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection XX. Inquiry XX and in my opinion 0 DIRECT Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for designat DEPUTY MEDICAL EXAMINER May 9. 1966 DEPUTY EXAMINER'S Benedict Skitarelic, M.D. NAME (Typa) Address (Street, city, town, or countilumberland, Md. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 040 p Maryland Buria egany Zion Memorial VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	signed by the burial-transit purial, cremati		IB. CAUSE OF DIPART 1. DEA 4 2 0 Canditians, if any rise to immediat stoting the under last.	, which gove e couse (o),	(o)	(o), (b), and (c).)	ronary 7	Thomlose	
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TO HOSPITAL OR ATTENDING PHYSICIAN:	Toge 4 may be retained by the magniture of FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. af Healt		22c. PHYSICIAN'S	Days.	Sur	nett M.D	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED. 5/27/66
SPITAL	IERAL or, pou		NAME (Type	DR. CLA		DURRETT	236 VI		CUMBERLAND, MD
TO HO	ruge To FUN direct shaul		BURIAL, CREMATIC REMOVAL (Specify Burial	5/28/66		23c. NAME OF CEMETERY OR C	ial Park	23d. LOCATION (City or Tow	lleg. Md.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before o. COUNTY o. STATE b. COUNTY delay is ond 3 to M3. Page Maryland Allegany Allegany ment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY-IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) Cumberland Cumberland vears e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS hours Give Poges 1, 17 Fifth St. Memorial Hospital YES NO TO with the Sto within 72 h 3. NAME OF Middle Last 4. DATE First Month DECEASED Nalis May W. John (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 6 Mast birthday) Manths Haurs June 11, 1901 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Laborer Railroad COUNTRY? Hampshire County, W. Va. USA dnv 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Maggie Haines Joseph M. Nealis File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. or removal, Harry E. Nealis, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

Coronary Sclerosis With Thrombosis INTERVAL BETWEEN ONSET AND DEATH Left. Days e, writing the word forwarded to the Cl cremation, DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0 SO used os buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Cerebral Edema, Marked please execute the certificate, YES X NO 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY I ar CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. (City ar tawn) (Caunty) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth. Day, Year Haur a.m. factory, street, office bldg., etc.) Nat White moy be retoined for your FUNERAL DIRECTOR: Page at wark at wark designoted 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection X Inquiry X and in my apinion Notural couses Accident . Suicide . Homicide . Undetermined monner deoth resulted from: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER XX May 5, 1966 5 moy be roor for interest. **EXAMINER'S** Dr. Benedict Kitarelic, M.D. Address (Street, city, tawn, ar county) Rt. 9 Cumberland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (Caunty) (State) BEMOVAL (Specify) May 8,1966 Fort Ashby Cemetery Fort Ashby, W. Va. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. Ochanles 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death Her deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campletely filled in by the funeral ave carban papers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTY o. STATE MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
CUMBERLAND CUMBERLAND d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) within 72 396 BOWLING AVE. BOWLING GREEN SACRED HEART HOSPITAL NO X 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED 1966 NORRIS MAY WILLIAM BRTAN DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Hours 3-9-66 WIDOWED DIVORCED MALE 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? U.SA. None during most of working life, even if retired) CUMBERLAND, MARYLAND None infant requires that the death certificate physid 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DELPHINE (RICE) NORRIS LESTER NORRIS 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no, or unknown) (If yes give wor or dotes of service) R. Norris 396 Bowling Ave. None Bowling Green Cumb 1B. CAUSE OF DEATH (Enter only one couse per line (6) (o), (b), ond (d).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS)
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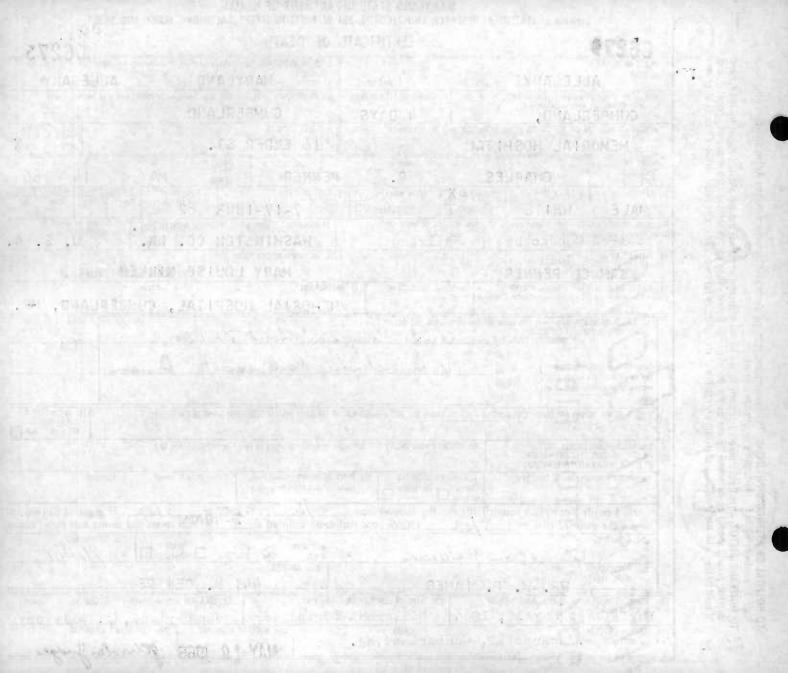
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY 2, and 3 ta PM3. Page o. STATE b. COUNTY Department of urs after death. -Allegany Maryland Allegany MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumber Land c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cumberland vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 18. Give Pages v, d. STREET ADDRESS hours Hazen Road ate Hazen Road YES NOSE after death. with the Sto within 72 h 3. NAME OF First Middle 4 DATE Month Doy Yeor DECEASED O'Neal, Jr. 66 (Type or print) George 13 Perry DEATH May 19 S SEX 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED 5 lest birthdoy) Months Hours July 4, 1910 Doys Male White WIDOWED DIVORCED event C 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY pages I Cumberland, Md. Laborer Lumber ward "pending" in pencil the Chief Medical Examiner pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within File George P. O'Neal Ida Mae Bucy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service remaval 214-05-7624 Mrs. Lena O'Neal, Cumberland, Md. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Carcinomatosis, Generalized 10 IMMEDIATE CAUSE (o) This certificate shauld crematian, DUE TO Carcinoma of Pancreas 11 Conditions, if ony, which gove te, writing the v forwarded ta th rise to immediate couse (o), DUF TO stating the underlying couse 0 used as burial, c last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION please execute the certificate, NO YES designated agent, priar ta 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for yaur FUNERAL DIRECTOR: Page ot work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection P. Inquiry PC), and in my apinian the funeral directar. death resulted fram: Natural causes 🔀 Accident Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL TO FUNERAL DI 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER \$ May 13, 1966 **EXAMINER'S** Benedict Skitarelic, M.D. Cumberland, Md. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) Burial (Specify) May 1966 Pleasant Grove Cemetery Cumberland Ma. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Munices VR A15ME (5) James F. Scarpelli, Cumberland, Md. 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after death deoth funeral s 1 ond). PLACE DF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYI AND ve corbon popers. Pages 1 event, within 72 hours after MARYLAND filled in by the re- CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND DAYS CUMBERLAND IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 16 ELDER ST. MEMORIAL HOSPITAL NO X YES 3. NAME DE Middle DATE First Month Year remove corbon Lost DECEASED 1966 CHARLES R. PENNER MA Y (Type or print) DEATH be executed IF LINDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years S SEX 7. MARRIED X 6. COLDR OR RACE NEVER MARRIED pirthdoy) Months Hours 7-17-1883 WHITE WIDOWED MALE DIVORCED 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) MA during most of working life even if retired Retired Conductor INDUSTRY COUNTRY,? WASHINGTON S. CO RA. road A. requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John cremotian, or removal. phy MARY LOUISE MKKKER BRASH XXAMKEL PENNER 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service MEMORIAL HOSPITAL. CUMBERLAND. MD. INTERVAL BETWEEN CAUSE DF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TD Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse Poge 4 moy be retained by the hospital or attending as the prior to hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION for use of Health NO YES FUNERAL DIRECTOR: After this certificate 0 205. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this hospital) oftended the deceased from , 19 66 that (I) (we) lost director, page 3 shauld should be filed with the Arom causes and an the date stated above. 1966, and that death occurred at sow the deceosed olive on. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CENTRE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) May 16, 1966 Hillcrest Burial Park Cumberland . Md . Allegany **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Ma. VR A15 (4) 20 M 1/66



LARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4)

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DAVID PLUMMER

FROSTRURG - LIEGILMS

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CIRKLE BEARD

HOME HRS. DAVID PLUMMER, 162 E. COLLEGE AVE.

JOHN B. DAVIS, M.D. 2 BROADWAY, PROSTEURG, MD.

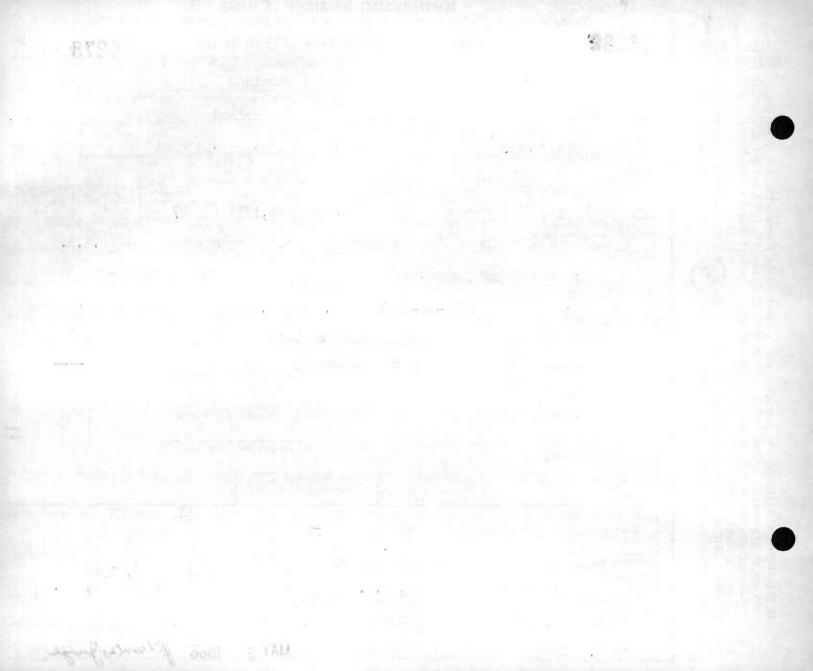
BURLLAL MAY 24, 1066 FROSTBURG MAM. PARK FROSTBURG, MARYLLAND HARLS FUHERAL HOLL, 60 F. STRUNG. PAY 3.1 (356 Pro-Co. July)

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HEALTH DEPT. □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	1. PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE MARYLAND b. COUNTY ALLEGANY
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after deoth. I 8. Give Poges along with far with the Stote	DECEASED (Type or print) GLORIA JEAN	RADABAUCH DEATH MAY 6th, 19 66
hours after of Item 18. Give Office along v Tand Zwith th		DATE OF BIRTH VLY 15th, 1934 9. AGE (In yeors IFUNDER 1 YEAR IFUNDER 24 HR Months Doys Hours Min yrs.
24 hours in Item 18 r's Office	100. USUAL OCCUPATION (Give kind of work done during most of working life a writing irred EPT. 10b. KIND OF BUSINESS OR CELANESE CORP.	11. BIRTHPLACE (Stote or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY 2 USA
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e executed pending" is ef Medical isit permit.	219-32-4106 FRA	ANCIS BLANK, MT. SAVAGE, MD.
nould be eword "per the Chief i rial-transit	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse	belateral; perforation Sudden d great vessels
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pleose e pleose e retoined L DIRECT	SIGNATURE Sine dict Skitarelie	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINE
o DEPUTY necessory, the funeral 5 moy be r o FUNERAL Health or it	EYAMINED'S	DEPUTY MEDICAL EXAMINER DE TRAY 6, 17 66 C. M.D. Address (Street, city, town, or county) unilexaland, M.
TO DEPU necesso the fun 5 moy TO FUNEI Health	230. BURIAL, CREMATION, REMOVAL (Specify) MAY 10, 1966 ST. GEORGE'S	REMATORY 23d. LOCATION (City or Town) (County) (State)
VR A15ME (3)	24. FUNERAL DIRECTOR JOSEPH R. DURST, SR., FROSTBURG, M	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06282 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY 2, and 3 to PM3. Page Allegany of death. Allegany MARYLAND Department CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

Cumberland c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 10 Years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm haurs 3 Springfield Blvd 3 Springfield Blvd YES NO E 24 haurs after death. 3. NAME OF 4 DATE Month Year Doy within 72 DECEASED the Richard Hamilton Radabaugh (Type or print) 66 DEATH May 19 S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) Months Dovs Hours WIDOWED -DIVORCED August 22.1918 event and 2 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Employee of Kelly S COUNTRY? U.S.A. INDUSTRY Tire Company West Virginia pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within William Sturm Deceased) Ruby Radabaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates of service) crematian, or remaval, 213-24-7322 Mrs. Lois R. Small Cumberland, Maryland Yes 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Sudden DEATH Shotgun blast of head IMMEDIATE CAUSE (o) This certificate should DUF TO (Self Inflicted) Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stoting the underlying cause burial, 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate, YES 🗌 NO DOK its designated agent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) PRIMARY ar CONTRIBUTING shauld CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Nat While may be retained tar your FUNERAL DIRECTOR: Page at wark at wark Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion the funeral directar. death resulted fram: Suicide . Naturol causes Accident Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X May 6, 1966 10 EXAMINER'S Address (Street, city, town, or county) Cumberland. Md. 5 may 10 FUNEI BENEDICT SKITARELIC. M.D. NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 5/8/66 Cumberland Allegany Maryland Hillcrest Burial Park 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15MB Meliantes 1966 Ruth E. Silcox Cumberland Marvland 21502



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06283 requires that the death certificate be executed within 24 hours after death. ond PLACE OF DEATH o. COUNTY o. STATE Allegany Maryland ompletely filled in by the fur ve carban papers. Pages 1 event, within 72 hours after MARYLAND

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport vear Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? SYLVAN RETREAT 305 Central Avenue YES NO X 3. NAME OF Middle Lost 4. DATE First Month Doy Year DECEASED 19 66 Lottie Riley May Reed (Type or print) DEATH IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months 4/5/85 Female White WIDOWED A DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Griffin James W. Byran 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Walter Riley-Westernport, Md. no 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Wegges INTERVAL BETWEEN ONSET AND DEATH exceptiles Cha, dequession Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) Hour o.m. While Not While foctory, street, office bldg., etc.) at work ot work 21. I certify that (I) (this hospital) attended the deceased fram March 12, 1965, to 11ay 12, 1966, that (I) (we) last

State Dept. of Health prior to saw the deceased alive an 12 19 66, and that death accurred at 9 A.M. from causes and on the date stated obave. 22b. DATE SIGNED 22a, SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Greene St., Cumberland, Md. B. Mathews, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) BUREMOVA (Specify) 5/15/66 Philos Westernport -Alle. Md. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966

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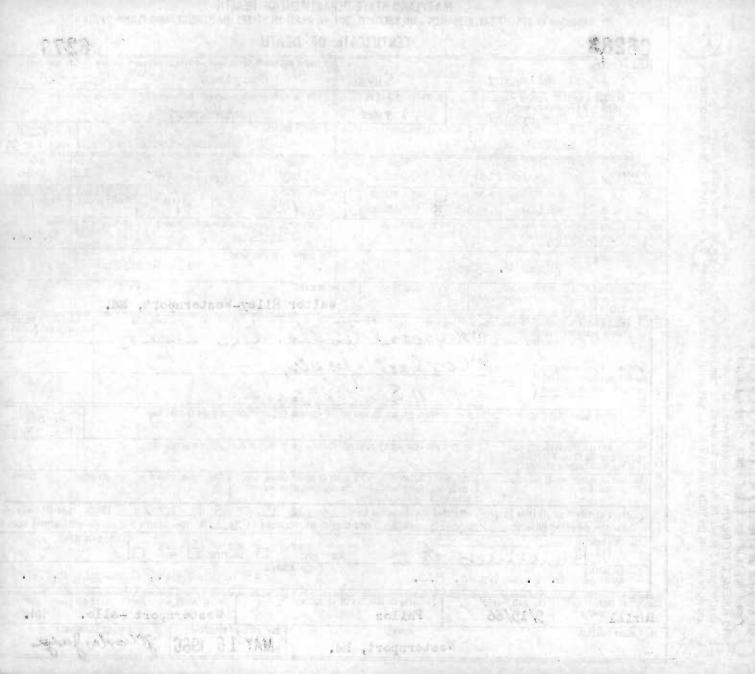
signed by the burial-transit

TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending

FUNERAL DIRECTOR: After this

Westernport, Md.

Charles



VR A15 (4) 20M 1/65

	06284	IN OF STATISTICAL R	ESEARCH AND RECOR CERTIFICA	DS, 301 W. PRESTO	IN STREET, BALTIMOF -{	RE 1, MARYLAND
	1. PLACE OF DEAT a. COUNTY	Allegany	MARYLAND	a. STATE ME	aryland b. COUNT	WITTABRITA
		VN (if outside corporate limit and give nearest town) orland		Cı	outside corporate limits, writemberland	te RURAL and give nearest town)
2	d. NAME OF HO	spital or institution (if no gany County	t in hospital, give street addres Enfirmary		nd Street	e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print)	First Emma	Catherine 1	Last Ritter	4. DATE Month OF BEATH MAY	Day Year 9. 19 66
	Fomale		OWED DIVORCED	8. DATE OF BIRTH 1/29/1869	9. AGE (In years last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
(Se ams tre	rion (Give kind of work done ing life, even if retired) ss at home	IOb. KIND OF BUSINESS OR INDUSTRY	Cumberlar	ounty & State, or foreign country) id, Maryland	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAM	Adam Ritter			abeth Ewald	
	15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)	None .		Box 599, Address ounty Infirm	Cumberland, Md
	PART I. Di 42 Conditions, If gave rise to cause (a), s	immediate tating the DUE TO	per line for (a), (b), and (c).] Three is stycenishing	tie bee	engeneal	INTERVAL BETWEEN ONSET AND DEATH Luxe 4 near
		SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RI			YES NO
A COLOUR	20c. TIME OF Hour a.i	n,	od. INJURY OCCURRED 20e. F While Not While fac t work at work	PLACE OF INJURY (Home, factory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
/		ceased alive on 5/7/3	Care Mr	hat death occurred at ATTENDING PHYS. 22d. ADDRESS	Med. MED. DIRECTOR PHYS.	, 19, that (I) (we) last and on the date stated above 22b. DATE SIGNED 5/9/1966
) 2	Burial, CREM REMOVAL (Sp. 24. FUNERAL DIRE	ATION, 23b. DATE THEREOUS STEERS STEERS IN STEERS	Seenmon Address Cumb	ERY OR CREMATORY Solar 25a. REI DAVIAY	23d. LOCATION (City, townsor) COD BY REGISTRAR 25b. REC	vn or county) (State) PL GISTRAR'S SIGNATURE Carlin Judje

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06285 requires that the death certificate be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission 1. PLACE OF DEATH ond completely filled in by the funerol remave carbon papers. Pages 1 and O. COUNTY EGANY MARYLAND b. COUNTY **ALLEGANY** MARYLAND oon papers. Pages 1 within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) COUNTE Re gine Negrest tawn) HRS. CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 113 WEST FIRST ST. MEMORIAL HOSPITAL YES NO X 3. NAME OF Middle 4. DATE First Last Year DECEASED FILA VIRGINIA RIT7 1966 30 MAY (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIED 8. DATE OF BIRTH birthdoy) Months Dovs Hours FEMALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Housewife OLUNDUSTRY me CUMBERLAND, MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME HOWARD A. GRIMM ELIZABETH REED 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO. MEMORIAL HOSPITAL, CUMBERLAND. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH signed by t IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse this certificate hos been d for use as the of Heolth prior to last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from . to Ma sow the deceased alive an ma, 30 19 6 6 and that death occurred page AM, from courses and on the date stated above. 220. SIGNATUR 22b. DATE SIGNED MED. DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type) OVERTON HIMMELWRIGHT director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) June 2.1966 Hillcrest Burial Cumberland, Md .- All Park 2Sb. REGISTRAR'S SIGNATI 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 F. Scarpelli, Cumberland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission a. COUNTY b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Mt. Savage d. NAME OF HOSPITAL (If nat in haspitol, give street address) d. STREET ADDRESS OR INSTITUTION 3. NAME OF 4. DATE First Middle Manth DECEASED DEATH (Type or print) Charles Garfield Rizer 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Male WIDOWED X 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) Springfield Mt. Savage, Md. USA Imployee 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel Weinknott Solomon Rizer 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 4-05-9643 Miss Betty Rizer, Mt. Savage, Md. No 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19-NONE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) 20c. TIME OF INJURY Day, Year Haur o. m. factory, street, affice bldg., etc.) While Not whi p. m. 21. I certify that (1) (this hospital) attended the deceased from STPT: ., 1964: to 17 MAY , 1966 that (1) (we) last _19_66 and that death occurred at 2 P.M., from the causes and on the date stated above. sow the deceased alive on 17 MAY 22a. SIGNATURE ATTENDING PHYS. MED. 22c. PHYSICIAN'S 22d. ADDRESS 48 BRUADWAY - FROSTBURG 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) REMOVAL (Specify) 1966 Pald Alto Cemetery 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE 1SM 9/S9

e. IS RESIDENCE

ON A FARM? YES NO

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Hours

INTERVAL BETWEEN

PERFORMED?

YES NO T

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06287 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page of Allegany after death. Maryland Allegany MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 6 Weeks Cresaptown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 haurs Memorial Hospital Bel Aire YES NO K Give Pages after death. 3. NAME OF Middle First 4 DATE Month Year Dov DECEASED Nellie Elisa May (Type or print) Ruehl DEATH 19 66 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours haurs Female White WIDOWED DIVORCED April 29, 1896 70 yrs. event Item 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in any Housekeeper At Home U.S.A Maryland

14. MOTHER'S MAIDEN NAME pages 13. FATHER'S NAME pencil be executed within Joseph Winebrenner File pup Ida Leasure 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addr25 Franklin Street 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor ar dates of service) remaval Cumberland, Maryland 216-14-1379 Thomas E. Ruehl INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CHRONIC MYOGARDITIS used as a burial-trans burial, crematian, ar MONTHS IMMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded ta the Ch DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO its designated agent, priar ta pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) please execute the foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While at work 21. I certify that I taok charge af the remains described above, held an Autopsy Inquiry X Inspection X and in my apinion Natural causes the funeral directar. death resulted fram: Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1 DEPUTY MEDICAL EXAMINER X May 1, 1966 Or BENEDICT SKITARELIC, M.D. **EXAMINER'S** Address (Street, city, town, or county) Cumberland Health NAME (Type) Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 50 REMOVAL (Specify)
Burial Rest Lawn Memorial Gardens LaVale Allegany Maryland
ISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5 Ruth E. Silcox Cumberland, Maryland 6M 1/66

Sold I take the first term of the first term of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06284 death. requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE a. COUNTY b. COUNTY ALLEGANY MARYTAND ALLEGANY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and givernearest town) 16 DAYS CUMBERTAND e. IS RESIDENCE ON A FARM? attending physician and campletely filled in permit. Then please remove tankon papers. on, ar remaval, and in any event, within 72 hr. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS SACRED HEART HOSPITAL 52 19 HUMBIRD ST NO X YES | 3. NAME OF Middle First Last 4. DATE Manth Doy Year DECEASED GEORGE B. SAPP OF 5/25/66 19 (Type or print) DEATH event IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED V NEVER MARRIED last birthdoy) Months Days Haurs 5/14/05 WHITE MALE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
DRIVER INDUSTRY COUNTRY? TAXI CAB THOMAS, W. VA. TIS A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE B. SAPP LAURA BARRICK 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, ng. ar unknawn) ((If yes give war ar dates af service) 214 05 4368 PT'S CHART NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause has been the 19. WAS AUTOPSY PART II, OTHER SIGNIFICANTS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TO HOSPITAL OR ATTENDING PHYSICIAN: T Page 4 may be retained by the haspital or a TO FUNERAL DIRECTOR: After this certificate I YES far 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, office bldg., etc.) Not While at wark ot wark 196 Athat (1) (we) last 1966 21. I certify that (1) (this haspital) attended the deceased fram shauld and that death accurred at 35 M, fram causes and an the date stated abave. sow the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNE ATTENDING DIRECTOR PHYS. directar, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. L. LEY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (Caunty) (Stote) REMOVAL (Specify)
BURIAL HYNDMAN CEMETERM HYNDMAN, PA. MAY 27.1966 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS "KIGHT CUMBERLAND, MD. VR A15 (4) 20 M 1/66

EMB 21 Temperature of THE PROPERTY. THE WHITE CO. IN THE SECOND COMMINSTON The House from the

# 1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	VIAND
FOR STATE	06289 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6285
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of STATE Ponna of Deceased lived) MARYLAND	
ent be stal	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Leghany /
cessary, o the functal e 5 may be Department after death.	Cumberland, Md. 2 Hours Corespolis Ponna	75-3
Dep affe	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
State hours	Memorial Hospital 8 Brook Street 3. NAME OF First Middle Last 4. DATE Month	YES NO.
my de Mas. Mas. 72 h	3. NAME OF First Middle Last 4. DATE Month OF	Pay Yaar 19 66
ith. If an form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 Y	EAR IF UNDER 24 HRS.
eath.	Male W WIDOWED DIVORCED 0/30/44 79 vrs.	
er dea	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) (COUNTRY COUNTRY COUNTRY)	ZEN OF WHAT STRY?
EXAMINER: This certificate should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give lages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page files. TOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State lesignated agent, prior to burial, cremation, or removal, and in any event within 72 hours and a second page 1.	Student College Swickley Valley, Pa. U. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	, J , N ,
4 hours Hem 13 Office al	Francis R. Sass Louana M. Kopsa	
in It	(1 and 1 an entrantity (11) as first wer of direct fit set time)	apolis, Pa.
within 2 pencil in miner's 0 permit.	No. 171-36-2990 Mr. Francis R. Sass & Brooke Sales 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN
ted w in po in po sit po or re	PART I. DEATH WAS CAUSED BY: Intracranial Hemorrhage	2hrs 20 M
"pending" in "pending" in Medical Exam s burial-transit cremation, or i	8254 DUE TO	18
be endpend	Conditions, if eny, which gave rise to immediate (b) Skull Fracture	• • • • • • • • • • • • • • • • • • • •
ould "ief "	cause (a), stating the underlying cause last.	
ficate shoul the word o the Chief used as a to burial,		19. WAS AUTOPSY PERFORMED?
tifica the the the troit of the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING COURSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Passenger in Auto Wreck	YES NO
R. This certificate, writing forwarded to 3 should be agent, prior	ZOA. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Passenger in Auto Wreck	
This re, worker, show show gent,	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County	y) (State)
ifical ifical be fe ge 3		
cert cert cert ses. R: Pa	21. I certify that I took charge of the remains described above, held an Autopsy (Inspection), Inquiry (Inquiry), death resulted from: Natural causes . Accident). Suicide . Homicide . Undetermined manner	and in my opinion
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	J
9 % O % S	SIGNATURE SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
DEPUTY ME ease exect rector. Pa tained for FUNERAL D Health or	EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER May 15, Address (Street, city, town, or countyCumberla	1966
O DEPUTY MED please execut director. Page retained for y D FUNERAL DII of Health or i	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count, REMOVAL (Specify)	
TO I	Burial 24. FUNERAL DIRECTOR 5/18/66 Concapolis Cemetery 253, REC'D BY REGISTRAR 258. REGISTRAR'S S	
VR AISME (5) 5M I/65	H. Wayne George Cumberland, Md. DAMAY 23 1966 gollanles	
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Daniel, atmotis . Att. onelca Indicator Laintwest Shert R Koort Tall Title of Asset States of States the land of the said had been a continued to . In the second The man and the state of the st Barre, Et and from all Lainement to strong to brod we kilds decommen a commen MAY 2.3 1966

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06290 CERTIFICATE OF DEATH death rsician and completely filled in by the funeral please remove carban papers. Pages 1 and 31, and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY ALLEGANY o. STATE b. COUNTY MARYLAND MARYT.AND ALLEGANY executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 5 DAYS FROSTBURG e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 40 WRIGHT STREET MINERS HOSPITAL NO X 4. DATE 3. NAME OF First Day Year DECEASED SAVAGE BLANCHE MAY 19 66 DEATH (Type or print) IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 72 birthday) Manths Days Haurs PEMALE WHITE FEB. 22, 1894 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind af wark dane 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during mast af working life, even if retired) **INDUSTRY** law requires that the death certificate by MARYLAND the attending physician sit permit. Then please STENOGRAPHIC REFRACTORIES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, HARRIET MURPHY GEORGE M. SAVAGE 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? IS. WAS DECEASED EVER IN U.S. ANNEL TONCES (Yes, no, ar unknown) (If yes give war ar dates of service) 13–10–9901A OLIN SAVAGE, FROSTBURG, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Cardiac IMMEDIATE CAUSE (a) be retained by the hospital ar attending physician. DUE TO therosclerosis 10 Conditions, if any, which gove rise to immediate cause (a), DUE TO far use as the l f Health priar ta b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION trochanteric Femur NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While at wark at wark , 1966, to May 21. I certify that (I) (this hospital) attended the deceased fram May 4, 1966, to May 9, 1966, that (I) (we) last saw the deceased glive an May 9, 1966, and that death accurred at 1050 AM, fram causes and an the date stated above. saw the deceased alive an May 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ALVIN WALTERS. M. D. 48 BROADWAY, FROSTBURG, MD. NAME (Type) directar, shauld b 23d. LOCATION (City ar Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, BURIAL (Specify) MAY 12, 1966 FB'G. MEMORIAL PARK FROSTBURG. MD. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 JOSEPH R. DURST, SR., FROSTBURG, MD.

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M		D STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201
	06291	ERTIFICATE OF DEATH	06287 /
ter death.	PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND 2. USUAL RESIDENCE (Where decease of STATE W. VA.	b. COUNTY N E RAL
and in any event, within 72 haurs after	write PIIPAI and give pegrest town)		te limits, write RURAL and give neorest tawn) 85 - 3
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street add	d. STREET ADDRESS RT. 4. BOX	e. IS RESIDENCE ON A FARM?
50	DECEASED	ddle Lost 4. DATE	Month Day Year
	S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER	SHOEMAKER DEATH MARRIED 8. DATE OF BIRTH SOUVERLED 9-17-1898	MAY 3 1966 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Homemaker Home		
	13. FATHER'S NAME JAMES CHURCH	14. MOTHER'S MAIDEN NAME IDA JOHNSON	
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates af service)	Y NO. 17. INFORMANT MEMORIAL HOSPIT	Address AL, CUMBERLAND, MD.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	mioma of Sigmo	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse last.	cinoma of user	us 10-11 y
4	PAREOL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (Enter noture of injury in Part I ar Par	t II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d. INJURY OCCURRI While of work of work	foctory, street, office bldg., etc.)	(City or town) (County) (State)
		eased fram $4-29-66$, 19 6, and that death accurred at $2:28$	Afform causes and an the date stated abov
0	220. SIGNATURE CAMILLERING	THIS:	STAFF 22b. DATE SIGNED
, =	22c. PHYSICIAN'S NAME (Type) DR. A. J. MIRKIN		NIRE ST.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the deoth certificate be executed within 24 hours after death puo 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ottending physicion ond campletely filled in by the funeral permit. Then pleose remove carban papers. Pages 1 and PLACE OF DEATH o. COUNTY ALLEGANY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 2 DAYS CUMBERLAND CIIMBERIA ND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS SACRED HEART HOSPITAL 187 GOETHE ST. YES ! NO NAME OF First Middle 4. DATE Month Dov Year DECEASED SMITH 1219 MAY ADA JONES (Type or print) DEATH in any event, SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. **NEVER MARRIED** birthdov Hours 11-12-07 FEMALE WHITE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? OAKLAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BAXILER BASHOR CROSS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IraAddlessSmith (Yes, no, or unknown) (If yes give wor or dotes of service PATIENT'S CHART 87 Goethe St. Cumb'dMd No burial, cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove rise to immediate couse (a) DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS! PERFORMED? Page 4 may be retained by the hospital or for 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) of work ot work 9, 1966, that (I) (we) last attended the deceased fram_______, 1948, ta_______, 1966, that (I) (we) last 5/10 1966, and that death accurred at 730 AM, fram causes and an the date stated abave. 21. I certify that (I) (this haspital) attended the deceased fram, should saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS NAME (Type) 23d. LOCATION (City or Town) Cumberland 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF Allegany REMOVAL (Specify) Hillcrest Burial Park May 15. 1966 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

a 230 Baltimore Ave., Cumberland, MAN

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY ALLEGANY o. COUNTY o. STATE ALLEGANY MARYLAND ve carbon papers. Pages I event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CUMBERLAND Barton DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS MEMORIAL HOSPITAL 3. NAME OF Middle DATE remove carbon First Lost DECEASED SMI TH MAY JANFT FDGAR (Type or print) DEATH DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED dost birthdoy Months -6-1888 FEMALE WHITE in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY HOME BARTON, MD. 13. FATHER'S NAME WILLIAM SMITH 14. MOTHER'S MAIDEN NAME MARGARET SHAW or remo 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service MEMORIAL HOSPITAL CUMBERLAND. MD. NONE buriol, cremotion. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY buriol-tronsit IMMEDIATE CAUSE (o) 1051 DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse os the prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health I CERTIFICATION 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. While Not While foctory, street, office bldg., etc.) ot work ot work 1966 4 Man 13 May 21. I certify that (!) (this hospital) attended the deceased from 1966, and that death occurred at 9:5 M, from buses and an the date stated abave. May

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DR. MARK M.

23b. DATE THEREOF

22o. SIGNATURE

22c PHYSICIAN'S

REMOVAL (Specify)

23o. BURIAL, CREMATION,

BURTAT 24. FUNERAL DIRECTOR

NAME (Type)

BYRON KICHT

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

M.D

ATTENDING

122 S.

PHYS 22d. ADDRESS

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12. CITIZEN OF WHAT

LAUREL HILL CEMETERY ADDRESS CUMBERLAND, MD.

2So. REC'D BY REGISTRAR 1966

DIRECTOR

25b. REGISTRAR'S SIGNATURE

CENTRE ST. . CUMBERLAND . MD

(County)

22b. DATE SIGNED

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deoth ely filled in by the funeral son papers. Pages 1 and within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND ALLEGANY ALL FGANY b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CUMBERLAND stawn) DAYS CUMBERLAND d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 605 VIRGINIA AVE. MEMORIAL HOSPITAL 50 NO 3. NAME OF Middle 4. DATE Year DECEASED 19 66 EDITH M. SPEELMAN MAY 17 (Type ar print) DEATH AGE (In years 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** last birthday) Manths Haurs WHITE 2/23/84 FEMALE WIDOWED Y DIVORCEO 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY'S . A. INOUSTRY puo W. VA. Jansener 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. HENRY PAXTON ANNIE BOCKER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT buriol-transit permit. (Yes, ne or unknown) If If yes give war ar dates of service) HOSPIT WAL , CUMBERLAND, MD. MEMORIAL cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH þ IMMEDIATE CAUSE (a) **OUE TO** burio! Canditions, if any, which gave rise ta immediate cause (a), DUE TO for use as the b f Heolth prior to b stating the underlying cause Poge 4 may be retained by the hospital or attending this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? CERTIFICATION State Dept. of Health neamon, a 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. M, fram causes and an the date stated abave. 3 should saw the deceased aliveran man 17 19 66, and that death accurred at 2 . 22a. SIGNATURE STAFF PHYS. DIRECTOR director, poge 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAMD(Ripe) 133 VIRGINIA AVE. CUMBERLAND. G.O. HIMMELWRIGH 23a. BURIAL, CREMATION, NAME OF CEMETERY **QR CREMATORY** 23d_LOCATION (City or Town) (State) 2Sa. REC'D BY REGISTRAR 2Sb. **ADORESS** VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours 1966 Cumberland Mt. Savage bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Allegany County Infirmary New Row NO. YES within completely NAME OF First Middle Last DATE Month Year 4. DECEASED OF DEATH Harriet Thoorig (Type or print) Ann 66 Mav 19 executed 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months I Days Hours White 1887 Female WIDOWED X DIVORCED 79 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired)
Housewife INDUSTRY death certificate be Mt. Savage. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Joseph T. Jenkins The Gurtha Virginia Calcasser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTP . O. BOX 599. Addres umberland Md. 16. SOCIAL SECURITY NO. or (Yes, no, or unkown) (If yes give war or dates of service) Allegany County Infirmary records. cremation. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), J INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: burial-ti burial, S Conditions, If any, which gave rise to immediate the cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached f OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 19/66, 19 0 21. I certify that (I) (this hospital) attended the deceased from ___. that (I) (we) last DIRECTOR: age 3 should lied with the saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. SIGNATURE 9:20 22a. at 22b. DATE SIGNED Age 4... FUNERAL DIN. ATTENDING STAFF PHYS. DIRECTOR X M.D. HOSPITAL PHYSICIAN'S 22d. director, p Mathews, M. D. Greens St., Cumberland, Md. BURIAL, CREMATION, FRY OR CREMATORY LOCATION (City, town or county) 9 REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06297 CERTIFICATE OF DEATH within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE ely filled in by the fune ban papers. Pages 1 o within 72 hours after d ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
FROSTBURG LIFE FROSTBURG e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 94 W. MECHANIC STREET 94 W. MECHANIC STREET NO X 00 completely fi Middle 3 NAME OF First DATE Month Dov Year DECEASED 19 66 ROBERT THOMPSON MAY 24, (Type or print) DEATH requires that the deoth certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIED birthdoy) Months Hours DEC. 9. 1899 MALE WHITE WIDOWED DIVORCED physicion ond come ond in an 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done U.S.A. life_even if retired) MARYLAND FROSTBURG 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol. JAMES THOMPSON LUCY LAFFERTY 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, nappunknown) (If yes give wor or dotes of service) 217-10-5185A MRS. ROBT. THOMPSON. FROSTBURG. MD. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit p SONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending as the prior to l hos been WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION r this certificate h detoched for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 5 - 10 , 19 6 f, to 5 - 2 f , 19 6 f, that (1) (we) last 1966, and that death accurred at 69. M. from causes and an the date stated above. 5-23 saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. director, poge 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S H. C. DIEHL, M. D. W: MAIN ST., FROSTBURG, MD. NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BRIMEVAL Specify) MAY 26, 1966 PROSTBURG MEMORIAL PARK FROSTBURG, MD. 0 24. FUNERAL DIRECTOR ADDRESS JOSEPH R. DURST, SR., FROSTBURG, MD.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06298 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTEN PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) ry delay is 2, and 3 ta PM3. Page o. COUNTY o. STATE b. COUNTY Allegany Allegany MARYLAND Maruland CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cumberland Lavale. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs 390 McHenry St. tem 18. Give Pages Memorial Hosp. YES NO X NAME OF First 4. DATE Lost Month Yeor within 72 DECEASED Walker James (Type or print) Mau DEATH 66 DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED AGE (In years NEVER MARRIED last birthday) 87 yrs. Months Hours Male White. Oct. 5. 1878 WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Ret. Supt. of Production

13. FATHER'S NAME Paper Mill COUNTRY? S.A. Ceres, Fifeshire, Scotland
14. MOTHER'S MAIDEN NAME .= ward "pending" in pencil in the Chief Medical Examiner's pencil be executed within James Walker Isabella Hutt 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 109-01-4663 Mrs. Josephine M. Walker 390 McHenry St. ar remaval, (Yes, no, or unknown) (If yes give war ar dates of service) No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN CORONARY OCCLUSION IMMEDIATE CAUSE (o) certificate shauld e, writing the ward farwarded to the Ch crematian, DUE TO SCLEROSIS CORONARY Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO X the certificate, agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page Not While ot work of work 21. I certify that I taak charge af the remains described abave, held an Autopsy Inspection X Inquiry V and in my apinian death resulted fram: Natural causes X ... Accident ... Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5/6/66 FO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Rt. Cumb. Md. Benedict Skitarelic. M. D. NAME (Type) 230. BURIAL, CREMATION, BREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 Cumberland, Md.

STRAR 2Sb. REGISTRAR'S SIGNATURE Hillcrest Burial Park 5/9/66 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) DATE MAY 10 Marles H. Wayne George Cumberland. Md. 1956 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death, hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE MARYLAND b. COUNTY Pages 1 urs after ALLEGANY ALLEGANY MARYLAND b. CITY OR TDWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) p write RURAL and give nearest town) on papers. Pag within 72 hours = ELLERSLIE 10 YEARS ELLERSLIF d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS 24 DN A FARM? YES NO A executed within completely carbon NAME DE First Middle Last DATE 4. Month Day DECEASED (Type or print) ROBERT DEATH WITHTAMS 19 MAY 66 SEX 6. CDLOR OR RACE 8. DATE OF BIRTH remove AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months | Days Hours and MALE WHITE WIDOWED [DIVORCED MARCH 11, 1891 10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please I ease death certificate be during most of working life, even If retired) INDUSTRY COUNTRY? MECHANIC USA ELECTR TO ALTOONA, PA 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova IRA J. WILLIAMS FRANCES KIRKPATRICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) MIRIAM WILLIAMS. ELLERSLIE, MD. 194 09 0235 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that t Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) certificate h WAS AUTDPSY for use Health CATI PERFORMED? ND P YES CERTIFIC 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) etached f Dept. of detach te Dept After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work pluods 21. I certify that (I) (this-hospital) attended the deceased from 19 director, page 3 should should be filed with the and that death occurred at 2 saw the deceased alive on. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF X M.D. PHYS. PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) JOHN OPPER. M.D. HYNDMAN. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) GARDENS BURTAL REST LAWN MEMORTAL CUMBERLAND 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR BYRON KIGHT 966 CUMBERLAND, MD. VR A15 (4) 20 M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06300 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) ond completely filled in by the funeral remove corbon popers. Pages 1 and 1. PLACE OF DEATH a. COUNTY o. STATE ALLEGANY MARYLAND MARYLAND LLEGANY b. CITY OR TOWN (If autside carporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) hours (RURAL and give nearest town)
CUMBERLAND CUMBERLAND. 23 DAYS popers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) within 72 424 FRANKLIN ST. NO X MEMORIAL HOSPITAL 3. NAME OF First Middle 4. DATE Manth Day Year DECEASED MAY WILLISON 12. 19 66 HILDA (Type or print) KATHLEEN DEATH S. SEX 6. COLOR OR RACE K 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Manths Davs Haurs WHITE 3-1-1901 FEMALE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE COUNTY & State, or Brein Cantry near 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY the attending physician sit permit. Then please CUMBERLAND. MD. RETIRED TEACHER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ROSE CHANEY MOSES HANSON WILLISON remol 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) ((If yes give war or dates af service MEMORIAL HOSPITAL, CUMBERLAND, MD. NO cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO buriol, Canditians, if any, which gave OROGON-IVER OR SPIFFN rise ta immediate cause (a), DUE TO stoting the underlying couse Poge 4 may be retained by the hospitol or ottending has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO PAGETS this certificate lor. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. While Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased from ed from 4/19/00, 19 to 5/12/0,19, that (1) (we) lost and that death accurred of 4/30 m, fram causes and on the date stated above. should saw the deceased olive on 5 166 19 O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, poge 3 should be filed v PHYS. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NATIONAL HIGHWAY THOMAS F. LUSBY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF Burial (Specify) Hillcrest Burial Park Cumberland Allegany 2Sq. REC'D BY REGISTRAR REGISTRAR'S STGNATURE 24. FUNERAL DIRECTOR 2Sb. VR A15 (4) 20 M 1/66 1966

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250 00		Francis W. Wilson Mazie E. Robinette	
Office Office File	15 (Y)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service)	
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uted within 2 in pencil in Examiner's Caminer's Cast permit. I or removal,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
in i		PART I. DEATH WAS CAUSED BY: Coronary Occlusion	ONSET AND DEATH
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EXAMINER: This certificate should certificate, writing the word "lould be forwarded to the Chief I les. R. Page 3 should be used as a b signated agent, prior to burial, or	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bidg., etc.)	ty) (State)
d ag d	MED	Hour a.m. p.m. 19 While Not While rectory, street, once blogs, sec.)	
the certificates the certificates the certificates the should be ur files.		21. I certify that I took charge of the remains described above, held an Autopsy, inspection, inquiry,	and in my opinion
FEOTON EXAMI Substitute the certi- age 4 should in your files. DIRECTOR: Pay		death resulted from: Natural causes Accident , Sulcide , Homicide , Undetermined manner	
ute the ge 4 s your 1 IRECT its de		CHIEF MEDICAL EXAMINER	OG DATE GLONED
ry MEOIL execute Page 4 for your RAL DIRE!		SIGNATURE Deudick Skitarelie M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
Y ME execute Page 1 for the price of the pri		EXAMINER'S Panadiat Chitatalia MD	
O DEPUTY M please executive director. Per retained for o Funeral of Health ou		NAME (Type) DEFECTION DEFECTION OF COUNTY) COUNTY C	
of H	23	REMOVAL (Specify)	11.1
5 5 5	24	Burial 5/8/66 Green Meadow Cemetery nr. Cumberland. ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S	MQ. SIGNATURE
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06302 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 1 and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY within 72 haurs after MARYLAND MARYLAND filled in by the fundamental pages 1 b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) CUMBERLAND DAYS e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS RT. #4. BOX 205. ON A FARM? 50 MEMORIAL HOSPITAL YES NO Middle Zimerly 3. NAME OF 4. DATE carbon First Day DECEASED 7 IMMERLY MAY 66. HERVEY Type or print DEATH 9. AGE (In years IF UNDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7. MARRIED emay'e bet birthday) Hours 5-28-1881 WHITE MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Farmer INDUSTRY andi CUMBERLAND. MD. Farm Own 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. GEORGE ZIMMERLY URSULA STALLINGS (Zimerly) 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, or unknown) (If yes give wor or dotes af service MEMORIAL HOSPITAL - CUMBERLAND. MD. 218-34-2691 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse has been last. OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p NO 4 may be retained by the hospital ar this certificate far 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month. Dov. Year Hour o.m. foctory, street, affice bldg., etc.) Nat While at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram_ . 19 65 ta _____ 19 6 (that (1) (we) last directar, page 3 shauld should be filed with the 19.66, and that death occurred at 8:00M, from lauses and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** R M.D. 5/12/66 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) N. CENTRE ST., CUMBERLAND, MD. DR. WILLIAM P. IAMES 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) TREMOVAL (Specify) May 16,1966 Davis Memorial Cemetery Cumberland . Md . Allegany 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) James F. Scarpelli. Cumberland. Md. 1966

MARYLAND STATE DEPARTMENT OF HEALTH

